ANNUAL ACCOUNTABILITY REPORT

Fiscal Year 2001-02

Accountability Report Transmittal Form

Agency Name – S.C. Department of Disabilities and Special Needs

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South Carolina Department of Disabilities and Special Needs
2001-2002 Accountability Report

Section I – Executive Summary

General Information: The South Carolina Department of Disabilities and Special Needs, as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

DDSN provides 24-hour residential care for individuals with the most complex and severe disabilities at five regional facilities across the state. Community residential services and in-home support services are provided through contracts with local disabilities and special needs boards and other providers. The department works closely with consumers and families, service providers, advocacy organizations, the executive and legislative branches of government, county officials, state and federal agencies, the business community and the general public. These partnerships are integral to strategic planning, ensuring health and safety, and measuring outcomes and customer satisfaction.

Major Achievements FY 2001-2002

1. ***Management of State Budget Reductions***

The Department anticipated mid-year budget reductions during FY 2002 and implemented a plan early in the fiscal year to absorb budget reductions without reducing service levels. Actions taken in FY 2001 continued, such as freezing non-direct care positions, severely restricting critical placements of individuals and reducing administration. (See figure 7.17) In addition, DDSN implemented a FY 2002 Service Management and Permanent Budget Reduction plan to absorb the $15 million State fund reduction and the resulting $35 million Medicaid fund reduction. The plan maintained current service levels to all persons receiving services while preparing to respond to new critical care life and death situations that arose during the year.

Regional functions were streamlined, other responsibilities and functions previously regionalized were centralized and savings were realized from the administrative reduction in force of 74 positions.

In the spring of 2002 the Department offered employees a voluntary separation program (VSP), the third VSP offered since 1998. Sixty-three (63) DDSN employees opted to participate in the FY 2002 VSP. Savings generated from the 2002 VSP will be realized during FY 2003. All of these changes were done with the challenges of improving performance, increasing efficiency and better serving people with disabilities, while still maintaining ongoing services to everyone receiving them.

The Department worked closely with the Legislature, particularly with the leadership to inform them of the agency's initiatives to maintain services and what the impact of additional reductions would be. The result was the deliberate decision of the Legislature to maintain DDSN service levels.

2. ***Meeting Service Needs***

DDSN currently serves 23,742 persons with mental retardation and related disabilities, autism, head injury and spinal cord injury. Approximately 85% of these individuals live at home with their families. The remaining 15% of individuals have needs that cannot be met at home and require services provided in community residential settings or in one of five state-operated regional centers. (See figure 7.5)

Service levels were maintained during FY 2002 to all persons receiving them. In addition, increased levels of services were provided for 138 individuals whose jeopardized health and safety made their situation critical. Home and community-based waiver services were provided to 5,300 individuals. Other in-home supports were provided for 786 persons to enable them to remain in their own home or their family's home. Providing these new services and increasing services to some individuals was accomplished with reduced state dollars. Meeting service needs was managed through natural attrition, prioritizing the needs of individuals, improving the use of Medicaid reimbursements, and reducing administration further. (See figures 7.2, 7.3 and 7.17)

However, more babies are born each year with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives but also add a growing group of children and adults who need services for the rest of their lives. Turnover is very limited in the service system as severe disabilities are lifelong. The number of eligible persons waiting for services continues to grow. (See figures 7.10 and 7.11)

3. ***Implementation of Person-Centered Services***

The department and its statewide service delivery network fully implemented the person-centered (not program-centered) approach to services. In FY 2002, there were 17,412 individual plans facilitated that incorporate the individual's needs, preferences on how to meet those needs, and the person's strengths, talent and abilities. Also, the final phase of shifting from expense-based rates to capitated rates for most services was completed. The redesigned accountability mechanism is complete and statewide training for department and provider staff on the new outcomes methodology was completed. Assessment of consumer/family satisfaction through a contract with USC's survey research laboratory continued.

4. ***Implementation of South Carolina's Response to the Olmstead Decision***

The recent L.C. v. Olmstead U.S. Supreme Court decision established that individuals should not be unnecessarily institutionalized, or put at risk of unnecessary institutionalization. To limit litigation states were advised to develop a comprehensive, effectively working plan that ensures that placements from institutions move at a reasonable rate and that community services will be available so that unnecessary institutional placement does not occur.

DDSN continues to be very active in South Carolina's Olmstead process. Dr. Stan Butkus, State Director, was appointed by the Governor to serve on the full Olmstead Committee and to serve as co-chairman on the Disabilities and Special Needs Work Group. DDSN's suggested outcome and structure for the overall state plan was adopted by the task force as a whole. The final work plan has been completed. Those objectives not requiring additional resources were the first to be accomplished. This included successful passage of legislation amending the nurse practice act. The legislation, which increases consumer control, was the number one priority of consumer advocacy groups.

5. ***Improved Quality and Accountability***

Changing Federal Requirements. DDSN receives/utilizes more than $267 million in federal Medicaid funding to provide services. Compliance with Medicaid standards is essential and the agency prepared for and implemented two significant Health Care Financing Administration (HCFA) changes. The first was Intermediate Care Facilities for people with Mental Retardation (ICF/MR) "look behind" reviews which entail re-inspection of facilities after the regulatory authority (DHEC) completes its survey review. The second was an entirely new review protocol for home and community-based Medicaid waiver services. Continual training has been provided on these changing regulatory requirements and federal interpretations at statewide conferences specifically for personnel in staff positions essential to ensuring Medicaid standards compliance.

Redesigning Agency Mechanisms. DDSN believes that the use of personal consumer outcomes for quality enhancement focuses attention on what people with disabilities want from the services and supports they receive. Therefore the department developed a new process – the South Carolina Organizational Performance Enhancement System (SCOPES) to assist service providers to use the information gathered through personal outcomes assessments to gain a better understanding of priorities for people served and then integrate this information into local quality enhancement efforts. The SCOPES process is built on a technical assistance and learning approach to quality enhancement which promotes agency self-assessment and the development of the knowledge and skills essential to continuous internal quality improvement. During FY 2002, fifteen additional local disabilities boards began participation in the SCOPES process. This brings the total DSN participation group to 30. The initial 15 began the implementation process during FY 2002.

Strengthening Strategic Planning. DDSN's continuous quality improvement goal is to develop strategic planning capabilities within each of the local disabilities and special needs boards. During FY 2002, technical assistance and consultation was provided to five additional disabilities and special needs boards tailored to meet the unique needs of that specific board or provider. Seven DSN boards began this process during 2001. Those seven boards received follow up training and reinforcement during FY 2002. For some this included basic training for board members and staff on how to develop a strategic plan consistent with agency goals and DDSN's mission. Others received assistance on setting fewer, manageable agency-wide goals or consultation on how to "beef up" and improve their plans. Requests have included assistance in policy development and staff development so job performance complies with policy. Other areas were process design to improve internal review, board-to-board peer review and systematic ways to evaluate performance. Feedback from local executive directors has been positive.

MISSION STATEMENT

The SCDDSN, as defined in the South Carolina Code of Laws, serves persons with mental retardation, autism, head and spinal cord injuries, and conditions related to each of these four disabilities in accordance with the following concepts:

VISION - WHERE ARE WE GOING!
To be the best in the world at assisting persons with disabilities and their families.

MISSION - WHAT WE DO!
Assist people with disabilities in meeting their needs, pursuing their individual possibilities and achieving their life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

VALUES - OUR GUIDING BELIEFS!
Health, safety and well being of each person
Dignity and respect for each person
Individual and family participation, choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS
Person - Centered
Responsive, efficient and accountable
Practical, positive and appropriate
Strengths-based, results-oriented
Offer opportunity to be productive, and to share gifts and talents with the community
Utilize best practices and approaches

KEY STRATEGIC GOALS

1. Improve the quality and range of supports and services that are responsive to the needs of individuals and families.
    a. Address critical needs of new persons in crisis situations.
    b. Provide services to persons on waiting lists.
    c. Serve new persons who become eligible.
    d. Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.
    e. Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead Decision and using a budget neutral method.
    f. Continue to maximize Medicaid by shifting service dollars to local operations. (See figure 7.15)
    g. Continue to partner with other agencies to avoid duplication and share resources as appropriate.

2. Increase accountability to all citizens of South Carolina.
    a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.
    b. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
    c. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

Opportunities

1. Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements. (See figure 7.2 and 7.3)

2. Strengthen technology capacities to support self-determination initiatives and create efficiencies.

3. Enhance service provider productivity and efficiency.

4. Implement medication administration and other routine medical procedure changes that can be performed by trained but unlicensed personnel.

5. Utilize improved statewide Quality Assurance Program to determine performance in the areas of health and safety of each person, dignity and respect, personal choice, participation in the community and attainment of goals.

Barriers

1. Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the services they need to be more independent. We have a waiting list of approximately 900 people for day and employment programs and over 1,600 for residential services. (See figures 7.10 and 7.11) In addition, over 1,196 people with severe disabilities live at home with parents who are 65 years old or older. As parents age, their ability to provide care and supervision becomes more difficult, eventually impossible. When parents become ill, develop chronic diseases, or need nursing home care themselves, the state must step in and begin providing 24-hour care for those left in vulnerable life and death situations.

2. The recruitment and retainment of direct service personnel and personal care aides continues to be extremely difficult in specific locations around the state. There is also a shortage of nurses.

3. Waiting lists continue to grow. Consumer expectations for substantial growth and development of community-based services as a result of the U.S. Supreme Court's Olmstead decision are countered by the state's ability to appropriate new revenue to fund new services.

Section II – Business Overview

Employment and Operation Information

The South Carolina Department of Disabilities & Special Needs has 3,027 full time permanent employees who work in central administration, five regional centers, and regional field offices, located throughout South Carolina. Of those 3,027 employees, 1,955 are state funded, and 1,072 are funded with other funds. (See figure 7.16) DDSN uses approximately 175 temporary employees periodically during the year to cover existing vacancies and some long-term absences due to illnesses, but not to supplement its work force on a permanent basis. Additionally, DDSN contracts with a statewide provider network to provide services to DDSN eligible individuals. There are 7,639 permanent full time contract provider employees in the statewide provider network.

Since 1992, DDSN operated regional centers have continued to reduce the number of individuals served. At the same time, local community providers have almost doubled their residential capacity. This has allowed most individuals to remain in the local community, closer to the individuals' home community even when residential services are needed. (See figure 7.6)

Base Budget Expenditures and Appropriations

	00-01 Actual Expenditures		01-02 Actual Expenditures		02-03 Appropriations Act	
Major Budget Categories	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**	**Total Funds**	**General Funds**
Personal Services	$70,345,881	$46,163,133	$72,190,484	$46,805,231	$72,491,010	$45,616,393
Other Operating	$254,412,487	$81,510,730	$268,566,261	$80,641,128	$322,949,915	$83,451,129
Special Items	$150,175	$24,175	$150,175	$24,175	$150,175	$24,175
Permanent Improvements	$5,003,071	$0	$9,741,679	$0	$0	$0
Case Services	$6,375,087	$1,068,058	$7,095,172	$308,860	$9,893,336	$1,589,576
Distributions to Subdivisions	$55,751	$0	$59,085	$0	$150,000	$0
Fringe Benefits	$22,658,939	$14,974,379	$25,626,326	$16,688,058	$24,294,613	$16,197,444
Non-recurring	$6,574,000	$0	$0	$0	$0	$0
Total	**$365,575,391**	**$143,740,475**	**$383,429,182**	**$144,467,452**	**$429,929,049**	**$146,878,717**

Other Expenditures

Sources of Funds	**00-01 Actual Expenditures**	**01-02 Actual Expenditures**
Supplemental Bills	$0	$0
Capital Reserve Funds	$4,772,049	$9,039,753
Bonds	$151,247	$ 89,281

Key Customers and Key Suppliers

SCDDSN serves 23,742 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. Approximately 85% of these individuals served live at home with their families. The remaining 15% of individuals have needs that cannot be met at home and require services provided in community residential settings or in one of the state operated regional centers. (See figures 7.1 and 7.5)

Turnover is very limited in the service system as severe disabilities are lifelong and many individuals are waiting for the services they need to be independent. We have a waiting list of approximately 900 people for day and employment programs and over 1,600 for priority residential services. In addition, over 1,196 people with severe disabilities live at home with parents who are 65 years old or older. Therefore, DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services. (See figures 7.10 and 7.11)

Equally important are the local provider organizations that DDSN contracts with to provide services. The working relationship between DDSN and the Executive Directors of these local service agencies, their board members and staff is very important to ensuring the continuous availability of high quality services. Disability advocates and their organizations are integral in promoting consumer-focused services and providing valuable feedback on effectiveness, issues and concerns. The Governor, his staff, members of the General Assembly and their staff are all very important partners in the system of services as they appropriate funds, guide policy and connect individual constituents to available services.

Description of Major Products and Services

DDSN strives to serve all persons who are eligible for services and to ensure that services meet acceptable standards. The SC Department of Disabilities and Special Needs and its statewide network of local providers began implementing a new service-delivery approach in July 1998.

This new approach, called Person-Centered Services, gives South Carolinians with disabilities and their families more choice and control of the services and supports they receive from DDSN. Person-centered services provide new tools and processes for achieving the results individuals and families want. This new approach gives consumers and their families the power to use the resources allocated to them in ways that make sense in their lives. They set goals and develop a plan that identifies the services and supports they want and need, and who will provide these services. Consumers and others evaluate the plan and the services and supports delivered, in terms of actual results produced in the person's life and how satisfied he or she is with the supports provided.

The department structures services so that the greatest number of people possible can be served and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs. Services are grouped in four major categories:

In-Home Individual and Family Support Services

Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective of the individual and family support program. On average, in-home

supports cost less than one-half of the least expensive out-of-home placement options. It is generally accepted by professionals and consumers alike that remaining in one's own home is preferable to out-of-home placement. It is rare that a better, more desirable service costs less, but that is the case with family support. In-home supports include day services, supported employment, early intervention, respite, stipends, rehabilitation support services and behavior support services.
DDSN provides employment services to train and supervise individuals in the skills and knowledge required for different levels of employment. Some individuals receive individualized supportive employment at their own worksite, while others are provided group employment in enclaves at various business and factory work sites.

As the number of individuals who become competitively employed increases, public support through Social Security (SSI) and Medicaid decreases. From fiscal year 1998 to 2002, the number of consumers receiving adult day services, (facility based, supported employment/mobile work crew/enclave) increased 6.1% overall. For supported employment/mobile crew/work enclave between fiscal year 1998 and 2002, the number of consumers receiving these services has increased by over 13%. Often, an employment service for a disabled family member may mean the difference between the State only helping the family versus the state having to provide 24 hour residential care. Efforts that DDSN makes in training and supervising consumers in employment opportunities greatly decrease the funds needed to care for consumers. (See figure 7.9)

Community Residential Services

When in-home individual and family supports prove ineffective in meeting the needs of the individual, community residential services are offered. Small, family-like community residential services provide 24 hour care, yet cost less than the cost of state operated regional center placements. Families and individuals alike prefer these types of services, located closer to the individuals' home communities.

Regional Centers

Regional centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed. The number of persons served in regional facilities continues to decline as local community supports are expanded to meet more of the needs of the individuals served closer to their families' homes. As individuals move from state operated to local programs, the service funds are moved with them.

Prevention Services

It is estimated that government will save more than $1 million over the life span of an individual if that individual, whether child or adult, remains healthy rather than incurring a severe disability. DDSN has initiated many prevention programs through contractual and other agreements with the Center for Disease Control in Atlanta, the Greenwood Genetic Center, the University of South Carolina School of Medicine, Medical University of SC, Department of Family and Preventive Medicine, DHEC and Department of Health and Human Services.

Organizational Structure

The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe lifelong disabilities including:

- Mental retardation and related disabilities
- Autism
- Traumatic brain injury and spinal cord injury and similar disabilities

DDSN is governed by a seven-member commission appointed by the Governor with the advice and consent of the Senate. A commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state-at-large. The commission is the agency's governing body and provides general policy direction and guidance. The State Director is the agency's chief executive and has jurisdiction over the central administrative office located in Columbia, SC, five regional centers and all services provided through contracts with local agencies.

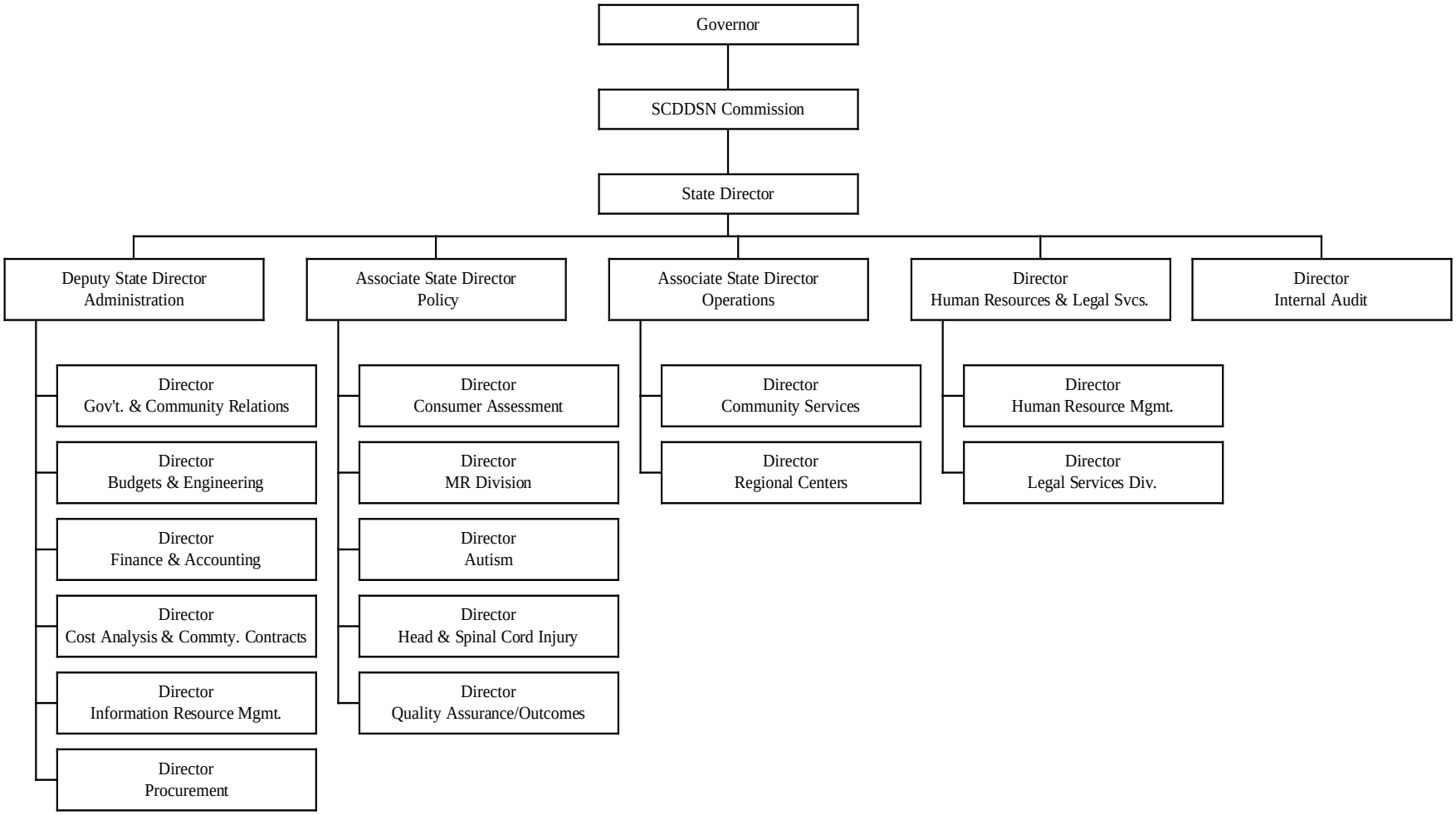
DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in Regional Centers, located in Columbia, Florence, Clinton, Summerville (near Charleston), and Hartsville. DDSN directly oversees the operations of these facilities, which are managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards and they serve every county in South Carolina.

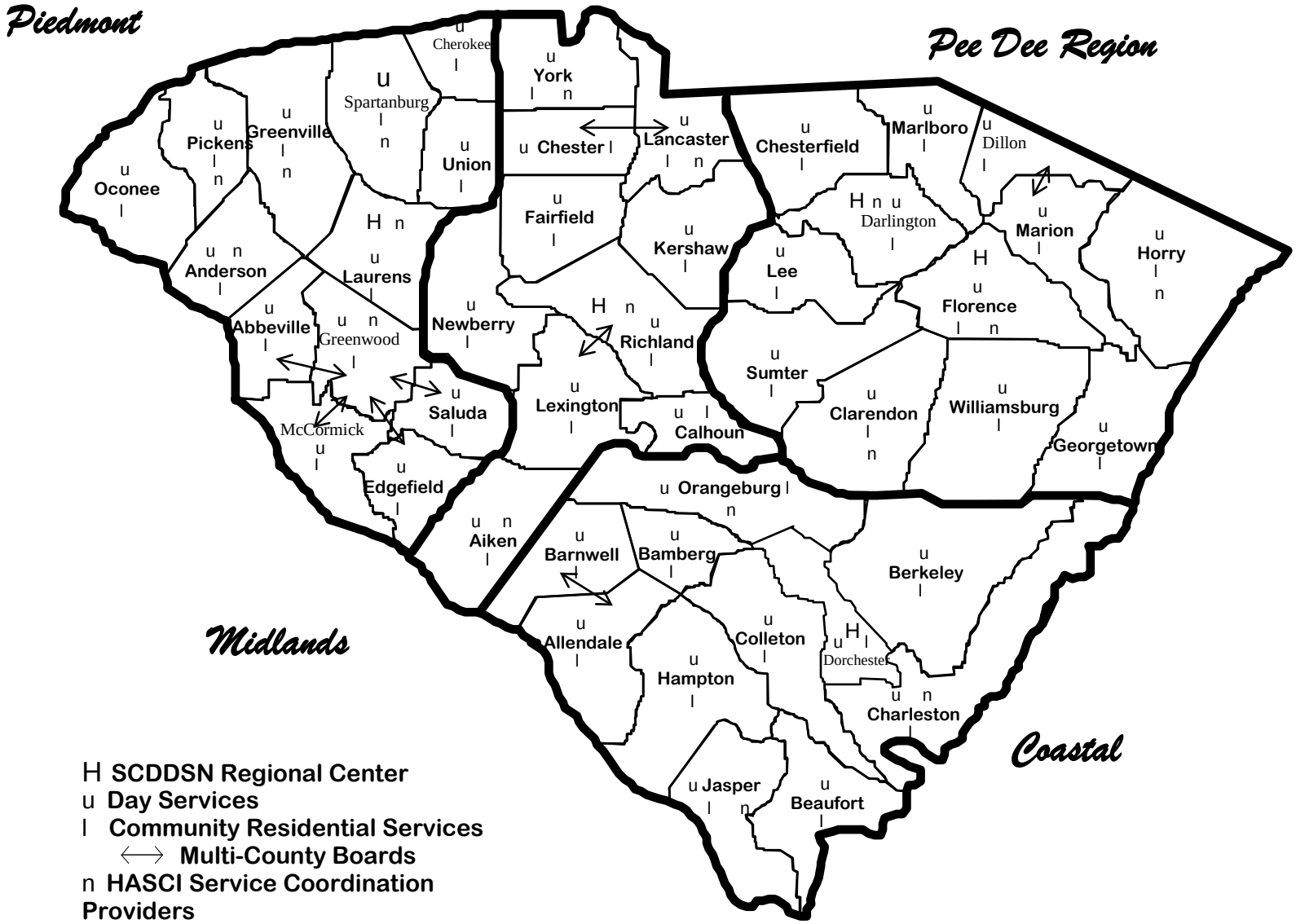
Local Disabilities and Special Needs (DSN) Boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide. Each local DSN Board serves as the single point of entry into the DSN system.

Consumers and family members play a critical role in the service delivery system and in evaluating the effectiveness of that system. Each DSN Board and regional residential center is required to have a consumer/family organization and a documented process for consumers and families to participate as advocates for service recipients and to review and monitor programs.

SC Department of Disabilities and Special Needs
Agency Organizational Chart



SC Department of Disabilities and Special Needs
DDSN Service Delivery



Section III – Elements of Malcolm Baldrige Award Criteria

Category 1: Leadership

1.1 Dr. Stan Butkus was hired in 1996 as the State Director of the S.C. Department of Disabilities & Special Needs. Under Dr. Butkus' leadership, the Department has been on the cutting edge of developing and implementing a service model that relies on consumer choice and consumer satisfaction based on a person-centered needs assessment and personal outcomes. Under his leadership, a variety of techniques helped shift our statewide service delivery system to a system that is more person-centered than program-centered. Information on the new concept of service delivery was mailed statewide to all consumers, many potential consumers and a vast network of provider groups and advocacy organizations. Consumers and family members were invited to attend regional informational meetings to learn about person-centered services and give input. The state director established work groups to develop new processes and tools. All stakeholders were represented as well as cross-functional staff representation.

The agency's executive leadership team is made up of individuals who have many years of experience in their respective fields of expertise. Top managers in the areas of fiscal and administration work together as do the managers of the various disability divisions and community services to set goals and accomplish objectives that improve the lives of DDSN's consumers. Policy and day-to-day operation managers coordinate regularly. Short term and long term goals are set to provide direction for the agency. Technical training, one-on-one communication, and workgroups are used to disseminate the goals and directions to agency staff. Each member of the executive team takes a "hands on" approach to leadership. The Department intentionally has minimal layers of middle management so senior leaders are aware of needs as they arise and are able to quickly develop solutions. A "whatever it takes" approach to problem solving is utilized. Executive staff remains involved until goals are met and issues are resolved.

Senior leaders actively promote open communication throughout the organization. Cross-functional committees are utilized to develop agency plans and strategies. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough review of all issues involved in establishing or changing agency wide policies.

Executive team members lead internal agency committees, which make decisions and provide oversight. These committees cover areas of service development, organizational and system responsiveness and funding. Committees meet regularly to identify and address areas of need, potential barriers and opportunities. Employee feedback and participation are relied upon to determine the effectiveness of leadership throughout the organization.

Assessment of functions is ongoing to ensure resources are directed to priority areas. This assessment along with a required review of non-direct care position vacancies guides how we organize, target funds and evaluate performance. DDSN's reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. (See figure 7.17) Waiting lists, critical placement situations, the number of facilitated service plans in place, expended resources by service categories and the agency's staff-to-consumer

ratio are key performance measures that are reviewed regularly. (See figures 7.7, 7.10, 7.11, and 7.13) Leadership actively promotes the health, safety and well being of the individuals we serve, as well as the dignity and respect for these individuals and their families.

The Department utilizes staff development opportunities to stress team-building concepts and to train employees and service provider employees on mediation techniques. All levels of the organization contribute to decision making processes and setting performance goals. Employees are empowered with the knowledge that their input into the whole process is necessary to fulfill the agency's mission. Agency leaders consistently encourage open communication with employees and have an "open door" style.

1.2 The agency head/executive team also maintains open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The State Director and his executive staff meet regularly with consumers, various grassroots parent/advocacy groups - each with their own special interest, the leadership of provider organizations, and leaders from other state agencies. Discussions occur in both small and large groups, often in regional "clusters". Personal involvement with each of the aforementioned groups allows for continuous and open exchange to identify and address necessary issues. The Department relies heavily on its consumers, service providers, parents and advocates to provide feedback on how well the services provided are meeting the needs of each consumer.

The State Director and his executive staff meet directly with the Governor's office and members of the General Assembly to discuss the potential impact of the Department's programs, services, facilities and operations and the associated risks of each. These meetings and shared perspectives guide our focus and improve responsiveness to consumers of services and taxpaying citizens alike.

Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of state-of-the-art practices, trends and approaches used by other states is shared with all levels with the organization and used to enhance and improve South Carolina's system. Information is incorporated in training opportunities for front line staff and managers alike.

DDSN is actively involved in community outreach. Agency leaders encourage staff participation in community events and set the example by their own community involvement. Senior leadership as well as other DDSN staff are actively involved in civic organizations, professional organizations, and community and statewide charities. Staff at all levels participate in various community efforts including the Special Olympics program, United Way, the Good Health Appeal Campaign, foster care program, Red Cross blood drive, Families Helping Families, and Palmetto Place Children's Emergency Shelter. A high level of importance is placed on community involvement for all DDSN employees. Individual community and professional involvement is encouraged and recognized.

Category 2: Strategic Planning

The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

2.1 The department's strategic planning sets the overall direction for the development of programs through a multi-year period for persons with autism, mental retardation and related disabilities, brain injuries, and spinal cord injuries in South Carolina. Planning is guided by direction from the Governor and the General Assembly, and by our customer's needs and preferences and how they want to be served. It also reflects the Department's responsiveness to national trends, to advocates who promote state-of-the-art services and to citizens who require sound stewardship of their tax dollars. This provides a framework to guide agency policy and actions in terms of how we organize, fund and evaluate outcomes of services.

DDSN has assisted several disability and special needs boards in developing strategic plans using the South Carolina Organizational Program Enhancement System (SCOPES). Boards participating include Horry, Newberry, Allendale/Barnwell, Pickens, Oconee, Anderson, Jasper, Charles Lea (Spartanburg), Aiken, Florence and Hampton. This approach is also being used with Midlands and Coastal Regional Centers.

Input from DDSN's Regional Centers and the local Disabilities and Special Needs, (DSN) Boards is integral to the process. Monthly meetings are held with key regional center staff to keep abreast of activities and needs at each center. These meetings provide input into various resource needs such as staffing, operating budget, permanent improvement needs and quality of consumer care. The local DSN Board's provide input to DDSN through several functional committees. These committees are made up of leadership from the DSN Boards, as well as key DDSN staff. The committees provide input and direction on numerous items ranging from contractual compliance to quality of services. Each Center and Board conducts a facility assessment which outlines renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

DDSN's strategic planning process includes a multi-year analysis of operating budget needs and permanent improvement needs. These multi-year analyses encompass historical trends, regional center evaluations, key regional staff input, and local community provider input. Once the analysis is refined the Department prepares its annual budget request for the Governor and General Assembly that includes both recurring and non-recurring items. Capital needs are stated in the Comprehensive Permanent Improvement Plan (CPIP) that is submitted to the Joint Bond Review Committee and the Budget and Control Board.

Cross-functional committees are utilized in the development of agency-wide plans and strategies. When changes are being proposed which impact the way services are provided or funded, taskforces are utilized to ensure that all levels of the organization are represented. A

broad range of individuals serve on these taskforces in order to obtain a full understanding of the issues involved.

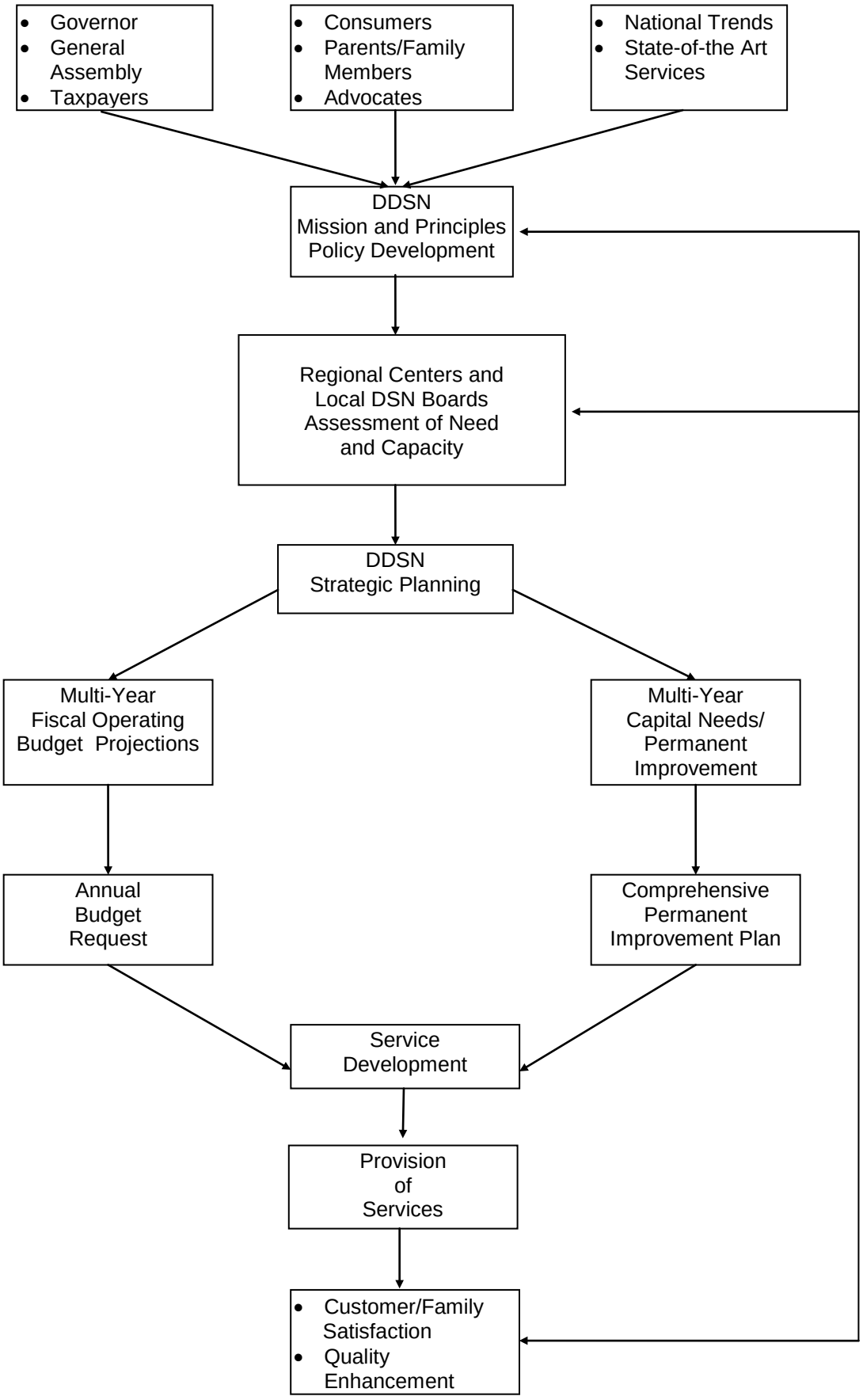
2.2 Customer satisfaction is a priority in DDSN's approach to planning and service delivery. All service providers throughout the state perform customer satisfaction assessments. The principle of continuous quality improvement guides DDSN in determining whether services and service providers are meeting consumer expectations. The policies, processes and procedures used by service providers are reviewed. Services are observed while being provided. Consumers and family members will receive a survey by mail to learn how satisfied they are with the services received. Some consumers and family members will participate in face-to-face interviews. The primary measure of quality is how the person with the disability and the family view the responsiveness of the services.

As directed over the years by the Governor and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina was the first state to be approved for a head and spinal cord injury Medicaid waiver. This has meant a reduced cost to the State to provide services to persons with lifelong disabilities. Medicaid earnings have increase over 40% since 1998. DDSN continues to maximize this revenue source even as state appropriated funds have leveled off due to budget reductions over the past two fiscal years. (See figures 7.2. and 7.3)

DDSN works with consumers and their families to provide residential services in the most appropriate place and in the least restrictive environment. This philosophy of consumer choice also allows DDSN to provide residential service in a very cost efficient manner. (See figure 7.7)

2.3 DDSN utilizes a customer driven approach. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are redeployed to address unmet service needs. This approach increases accountability to the citizens of South Carolina.

S.C. Department of Disabilities and Special Needs
Planning Process



Category 3: Customer Focus

3.1 The key customers of DDSN are its consumers, people with the lifelong disabilities of mental retardation, related disabilities, autism, traumatic head injuries, spinal cord injuries, and similar disabilities. Other stakeholders include South Carolina taxpayers, community service provider organizations, members of the general assembly, families of the customers we serve, advocates, and advocacy organizations.

3.2 The Department is governed by a seven member commission as set forth in 44-20-220, whose duties include educating the public and state and local officials as to the need for funding, development and coordination for services. The Code of Laws also outlines those citizens of the state for whom DDSN is responsible for serving. DDSN has a single point of entry into its service delivery system through local county disabilities and special needs boards. They listen to the needs of potential customers and either forward an eligibility packet to our centralized eligibility team or refer the caller to an agency or provider that can further assist them. DDSN tailors a practical service plan for every person found to meet the DDSN eligibility criteria. This is the first method we use to determine what the requirements and needs of our customers are for services. The plans are developed with the customer and the people most important to them. The focus is on the person and not what the system is able to provide.

Since 1992, DDSN operated regional centers have continued to reduce the number of individuals served. At the same time, local community providers have almost doubled their residential capacity. This has allowed most individuals to remain in the local community, closer to the individuals' home community even when residential services are needed. (See figure 7.6)

3.3-5 DDSN contracts with two independent national quality assurance/quality improvement companies to conduct four different customer satisfaction surveys. (See figure 7.4)

1. The first is a structured personal interview. Customers are observed in their treatment settings and then interviewed using a reliable and valid interviewing tool. If customers are unable to communicate, then a family member or other knowledgeable person is used as an informant. About 7% of our customers are represented in this survey.

2. The second is a family satisfaction survey. There are three separate valid and reliable surveys that address: (1) a family with a disabled child in the home, (2) a family with a disabled adult in the home, and (3) a family with a disabled adult living in a DDSN residential program. These 3 surveys combined represent 16% of those currently receiving services.

3. The last satisfaction survey focuses on the customers' satisfaction with their annual planning meeting. This gives the Department essential information regarding how well the consumer's plan of service was developed.

4. Another DDSN effort to assess consumer satisfaction uses a personal outcomes measurement system dedicated to ensuring that people with disabilities have full and

abundant lives. Personal outcomes focus attention on what people supported by the system want from the services and supports they receive.

The last effort of measuring consumer satisfaction is conducted by community service provider organizations. Each service provider is required through DDSN contract to conduct its own consumer satisfaction survey annually.

The surveys and personal interviews are designed to assist organizations/providers and the Department in using the information gathered to gain a better understanding of the priorities for people supported and to integrate this information into local quality enhancement efforts. For example only .52% of the developmental disabilities population is placed in nursing facilities as compared with the National average of 1.31%. This effort continues to be reinforced since the consumer demand for nursing home services is extremely low. (See figure 7.14)

Measures of customer satisfaction have been tested for reliability and validity. This year for the first time in the Department's history, it will be able to compare the satisfaction level of its customers with customers in 22 other states. The Personal Outcome Measurement System also is a standardized measurement system that will allow DDSN to collect baseline data over the next few years and to measure our progress from year to year. It will also allow DDSN to compare results with other states in the future, as this is a work in progress with the contractor.

3.3 Many activities are ongoing to keep DDSN consumers, families and advocates informed. DDSN also has a full-time director of consumer and family empowerment whose primary responsibility includes developing positive relationships with consumers and their families. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our Person-Centered Services – A Guide to Consumers and Families, and our website are kept updated and widely disseminated. The Department contracts with grassroots advocacy organization to train and educate individuals with disabilities and their families. The ARC of the Midlands organizes and provides training meetings around the state on the concepts and practical application of South Carolina's person-centered service approach. Since January of this year, ARC of the Midlands has held 22 information sessions attended by over 900 families and consumers along with over 100 staff from provider organizations. Family Connections of S.C. works with families with children with special needs. The Brain Injury Alliance of South Carolina educates through local support groups and the S.C. Spinal Cord Injury Association assists individuals through peer to peer counseling. The S.C. Autism Society works through its network of support groups to offer information, training and technical assistance. In addition, we successfully competed for a federal grant partnering with Department of Social Services and Family Connection to demonstrate how person-centered services can be utilized with special needs students in low-income family situations.

We participate regularly with the S.C. Partnership of Disability Organizations, a coalition of numerous statewide advocacy groups to provide updated information and listen and respond to concerns about services and budget matters. Regular meetings are held with regional center parents once per quarter on Saturdays to update them on current/anticipated issues of interest to them and address concerns they raise.

To help meet the specialized needs of people with disabilities, regular meetings are held with both key members of the Governor's staff and members of the legislative committees and sub-committees and their senior staff on funding and policy issues. This significant amount of involvement keeps legislators current on our customer's needs and our progress to meet those needs so that they have complete information regarding current status and future goals and related constraints. This was particularly important during this year's state funding crisis.

3.1 DDSN's secondary customer group consists of the community service provider organizations. DDSN contracts with these entities to deliver services directly to individual with disabilities and their families in their home communities. While the department requires the providers to meet specific standards and adhere to DDSN policy, we must work cooperatively to encourage contract compliance and quality. Provider representatives participated in the department's development of new quality assurance and risk management processes. They were also heavily involved in planning and phasing in a new capitated funding approach, which equalizes payment for services for persons with similar needs. This also increased flexibility for service providers in the use of funds while creating incentives for efficiency. Providers may re-invest savings to address waiting lists, service enhancements or staff development. Fiscal year 2001 completed the implementation period.

Category 4: Information and Analysis

4.1 DDSN's performance measurement system is multi-faceted and comprehensive. Our first order of business is to protect, assure, and improve the health and safety of our consumers and the protection of their property. Our second priority is to provide services that can help consumers' achieve their unique needs, desires and goals. The service delivery approach we use is innovative and state-of-the art and is often referred to as "person-centered." We measure how effective this approach is in many different ways. To meet the highest standards of health and safety at all times, we continually evaluate consumer services in terms of quality, efficiency, effectiveness, outcome, and very importantly, consumer and their families' satisfaction.

Following is a brief description of the measures DDSN undertakes to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers: (a) Traditional activities; (b) consumer –oriented activities; (c) quality assurance activities including – licensing, contractual compliance, personal outcomes measures, consumer satisfaction measures, policies, and internal audits. One example of measuring and ensuring consumers health and safety is the quality assurance activity called the critical list. DDSN managed part of its budget reductions by focusing on consumers in greatest need, defined as those in critical circumstances where their health or safety is at imminent risk. Criteria for this category was tightened in FY 02 and DDSN efforts to resolve critical circumstances were more efficient and effective.

4.2-3 DDSN uses several approaches to ensure the data it collects is valid, reliable, and sufficient in order to make informed and essential decisions to improve performance. (1) Both the Quality Assurance Program (First Health) and the Outcomes Based Performance Measurement System (Council on Quality and Leadership) require a minimum inter-rater reliability among staff conducting reviews and interviews/surveys of 85%. Data from these reviews is entered into databases and the data is analyzed for trends and patterns of both positive and negative findings. The data is sorted many different ways (i.e. by provider, by key indicator, looking at statewide trends, and by topic). This allows DDSN to focus on where the problem(s) exist and what type of corrective action is needed. (2) Teams of experts are in place allowing DDSN to provide the necessary technical assistance to the system, whether on a policy level or provider level to increase organizational performance. Some of the teams in place are: (a) Risk Management: (state purpose); (b) Quality Assurance, (c) Personal Outcomes Organizations, (d) Policy. All of these teams have one representative on a Continuous Quality Improvement Team that incorporates all of the data listed above to assess areas of quality; areas needing improvement and developing actions plans with time frames.

4.4 Data selection is based on what DDSN funding agencies require (mostly Medicaid), and what quality improvement measures indicate. There is some data that can be compared nationally, while some is available only locally or statewide. For example, in terms of efficiency, the Department regularly measures its cost of providing services in a variety of settings. The Department's institutional rates are reviewed annually and over time. When compared to national institutional rates, the Department continues to provide this level of care at 25% less than the national rate. (See Figure 7.12)

4.4 Another example of comparative data that is tracked annually is the staff to resident ratio in institutions. DDSN staff to resident ratios continue to be higher than national ratios, even as the institutional daily rates are lower than the national rates. (See Figure 7.13) One final example of an efficiency measure that couples with a measure of consumer and family's satisfaction is with the delivery of services in the least restrictive environment. Consumers and families report that they want to live in home and community based settings. Data shows that DDSN continues to meet the demand while providing services in a very cost efficient manner. (See Figures 7.8 and 7.12)

Category 5: Human Resource Focus

5.0 DDSN and its executive team recognize the need to develop and maintain a labor force of talented individuals capable of carrying out organizational commitments in an ever-changing work environment. The department is committed to developing and maintaining programs that foster individual growth for employees, target internal staff for advancement, and aid in creating a diverse workforce.

Ninety percent of DDSN's employee positions are located in its 24-hour care regional residential facilities. Therefore, a great deal of responsibility is delegated to the Facility Administrators. This is particularly effective due to the variety of employment opportunities within the facilities and the wide range of required professional qualifications. The Human Resources department coordinates with the facility staff to develop specific programs that respond to the individual needs of each while maintaining an overall unity of purpose for the department.

Facility staffs have varying responsibilities requiring a variety of different employee skills, knowledge, and abilities. The nature of the work dictates the design of the work systems. In some instances such as the Residential and Health Programs areas, work is accomplished through teams on around-the-clock shifts. In other cases, such as Food Services, a team of food service specialists may work ten-hour shifts. DDSN's employees provide care and assistance to very special, often fragile, individuals with disabilities. These workers take care of the daily living needs of people like feeding, toileting, bathing, dressing, behavioral, and medical care. They perform essential life sustaining functions that workers in other fields would never even consider. The state director established an agency-wide Workforce Development Committee to recommend practices and policies aimed at enhancing this area and to focus on measures to improve the physical work environment. Figure 7.19 provides an indication of the focus of this committee.

DDSN employees are the ultimate keys to success. DDSN human resource efforts are all directed toward ensuring the Agency has a capable, satisfied and diverse work team. Recruitment is the first step. Many DDSN jobs require associate degrees, bachelor degrees, or advanced specialized degrees. Therefore, the Department's recruitment strategy involves representation at college career days around the state; participation in targeted career fairs for immediate openings, such as the State Government Career Fair; contact with Technical Colleges across the state; and use of diverse access methods (internet postings and job application, dial-a-job recordings, fax). One significant recruitment goal is to ensure diversity exists in DDSN's workforce. EEO statistics help monitor DDSN's effectiveness in ensuring workforce diversity. (See figure 7.18)

5.3 Employee well being and satisfaction is addressed through a variety of means. The department offers health screenings at a minimal cost to all employees. Free health workshops along with counseling are also available. All appropriate employees receive safe driver training, and employees whose jobs entail risk of personal injury receive extensive safety training. Again, the majority of these jobs are within residential facilities. Here, a safety committee meets regularly to review safety policies, initiate safety plans, secure safety equipment and propose changes to the safety-training program. It advises the facility administrator on all facets of the safety program. The unit also reviews OSHA reports and Workers' Compensation data.

Other programs also contribute to employee well being. Tuition assistance, telecommuting, and variable work schedules help employees balance their personal and professional lives. Many employees contribute generously to the Excess Leave Pool to help their colleagues during times of extended crisis. We currently have over 30,000 hours in the department's leave pool. Social events such as picnics, athletic events and various types of gatherings are regularly scheduled within the department.

The department uses a variety of methods to obtain feedback regarding employee satisfaction. These include individual interviews, informal conversations while "walking around," and exit interviews with departing employees. Indicators of employee satisfaction are percentage of grievances (less than 2 percent for the last three years), and a turnover rate that is 14.6 percent for FY 2002; the lowest it has been in several years. (See Figure 7.20)

5.1-2 Formal job career paths are in place for over 80 percent of the Agency's non-management workforce. These include auditors, analysts, human services assistants, human services specialists, building and grounds specialists, food service specialists, fiscal technicians, accounting/fiscal analysts, nurses, information resource consultants and administrative specialists. Funding for movement within these career paths is absorbed by the agency. Specific skills, duties, and training are required for progression to the next step. Each employee has the opportunity to reach the top of the individual plan with dedicated effort. Tuition reimbursement, telecommuting, and variable work week or work hour options are also available to assist those interested in completing nursing, occupational therapist, occupational therapist assistant, physical therapist, or physical therapist assistant hours or degree requirements to qualify for entry into another job area in DDSN facilities. The department fully funds LPN training and Rehabilitation Technician training programs at the local technical colleges.

Our compensation system is based upon market studies, internal equity, and available funding. The department also funds an additional merit increase program based on performance through the Employee Performance Management System, contingent upon availability of funds.

5.1-3 Formal and informal recognition is another key factor in the Department's success. DDSN's Suggestions and Employee Recognition programs promote both individual and facility recognition. In addition, each Regional Employee of the Year and the DDSN Employee of the Year is recognized at the central office by the DDSN Commission and the State Director during a monthly commission meeting.

Both formal and informal needs assessments are continuing processes that help identify specific skill needs. The methods of assessment span the spectrum from individual conversations to formal focus groups. Throughout the year, classes are offered that target the identified needs in such areas as service coordination, computer systems, computer software, quality, and leadership. The career paths require teaching others through on-the-job training or classroom training. Additional courses are targeted to specific needs, such as conflict management and resolution and negotiation skills. External conferences and seminars also help us keep current with industry trends.

Category 6: Process Management

6.1-2 The agency's State Director and his executive staff constantly seek input from consumers, consumer advocates, parent groups and service provider representatives to stay abreast of how the service delivery system is functioning. This input results in action by the Department ranging from changes in policy or processes, to assisting one individual consumer. The Department relies on the consumers, service providers, parents and advocates to provide feedback on the responsiveness of the service system to consumers.

We have shifted our system of services from a program-centered approach to one that is more person-centered. Accountability mechanisms have been redesigned from a process evaluation to an outcome evaluation, while still ensuring compliance with health and safety measures. Customer satisfaction is the benchmark, the true impact of services for individuals and families.

DDSN revised its system for identifying and tracking persons in critical need and the disposition of individual cases. The tracking system was operational during 2002.

On a daily basis, data from service providers' quality assurance reviews, abuse and neglect reports, critical incidences and consumers in critical circumstances are collected electronically by DDSN staff for analysis of trends and patterns. These data are being merged into a single system so a collective picture can be obtained.

On a rotating basis sub-regional meetings are held with local disabilities and special needs board chairs and Executive Directors. Three to four boards participate at each site. The purpose of these sub-regional meetings is to provide updates, note trends and problem solve around current or potential issues/concerns.

In FY 2002, DDSN implemented a Service Management and Permanent Budget Reduction plan to absorb the $15 million State fund reduction and the resulting $35 million Medicaid fund reduction. The plan maintained current service levels to all persons receiving services while preparing to respond to new critical care life and death situations that arose during the year. Regional functions were streamlined and other responsibilities and functions previously regionalized are now centralized. All of these changes were done with the challenges of improving performance, increasing efficiency and better serving people with disabilities, while still maintaining ongoing services to everyone receiving them.

Services are utilized so that the department can meet the needs of the greatest number of people possible and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs.

Services are grouped in four major categories:

1. In-Home Individual and Family Support Services
2. Community Residential Services
3. Regional Centers
4. Prevention Services

6.2 As directed over the years by the Governor and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Almost every service DDSN provides has some cost expensed to Medicaid across all programs, services, and populations served.

In addition, DDSN has aggressively shifted resources over the past few years to meet the priorities of the agency. During the eight year period 1994 through 2002, DDSN shifted over $45 million in services from large state operated facilities to locally operated disability boards as community alternatives were developed. This resulted in the reduction of over 1,500 FTE's during the same period. (See figure 7.15) Since 1995, the agency privatized supply warehousing, printing services, pharmacy services and medical laboratory testing resulting in savings and the reduction of additional FTE's. During the last five years DDSN's Central Office administration has been minimized to less than two percent. These savings were reallocated to the highest priorities of the agency. (See figure 7.17)

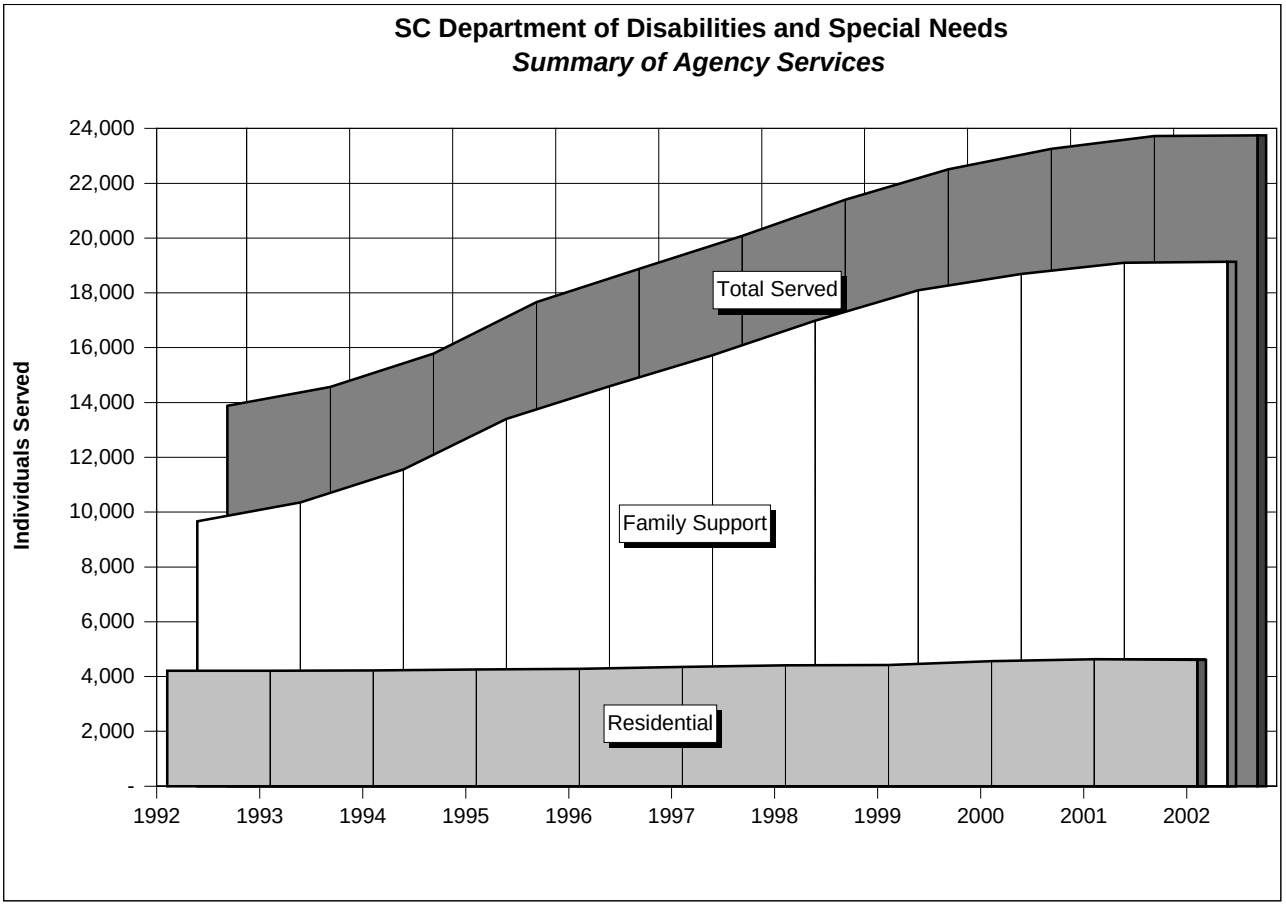
6.3 DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. The agency continues to shift from replacing families to supporting families. This approach is considered to be state of the art and saves the state a significant amount of money. DDSN works each year to reduce the huge waiting lists of people with severe disabilities who need services by emphasizing family support and primary prevention activities and by reserving out-of-home residential placements only for those individuals with the most critical needs.

Teamwork is an integral part of DDSN's way of doing business. Consumers and providers alike participate in planning activities, task forces, and focus groups to ensure information, ideas and concerns are shared and discussed. The department's mission is to serve individuals with disabilities and their family. We rely on local service providers to accomplish this. Consumers and families rightly should drive the system and tell agency leadership what they need and want. Partnership is key to the success of all.

Category 7: Business Results

Figure 7.1

Section II:
Key Customers & Key Suppliers

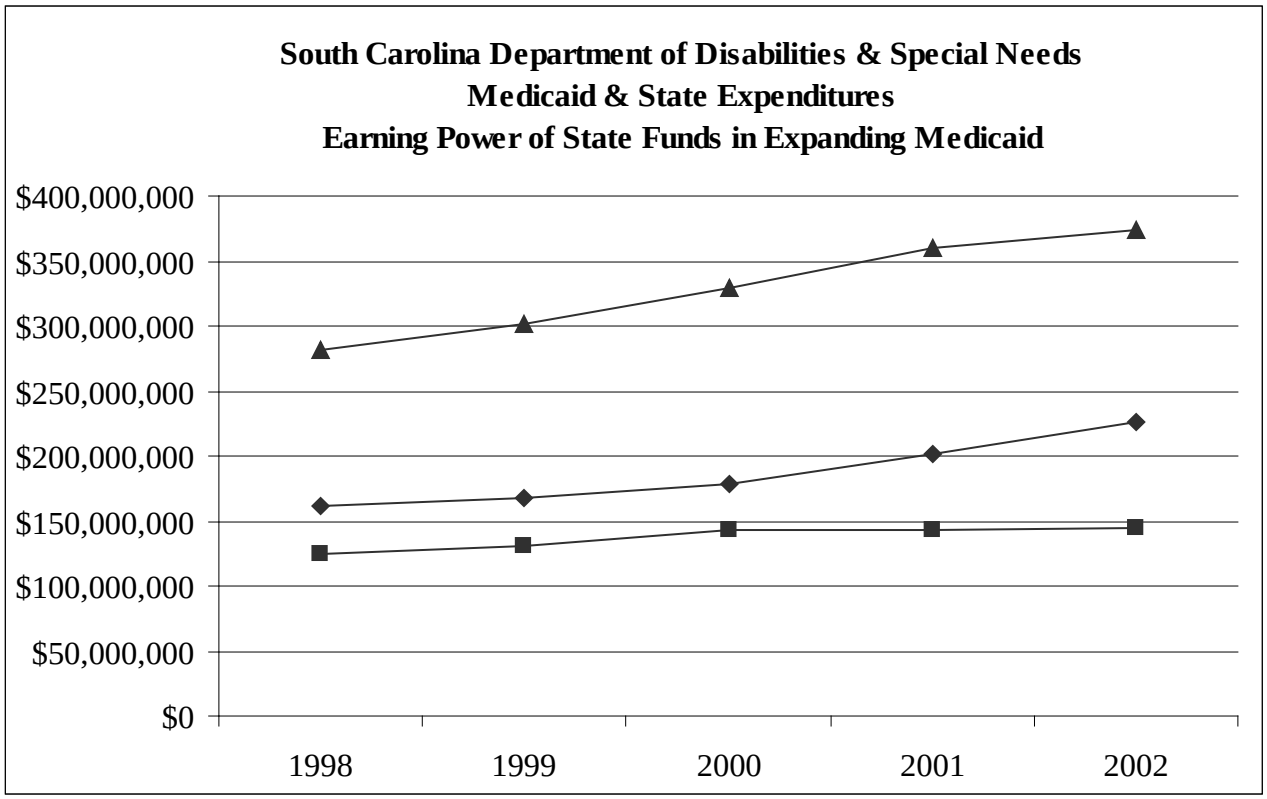


Net Change FY 1992 to 2002:	
Total Served:	71%
Family Support:	98%
Residential:	9%

As residential services have continued to plateau, DDSN has utilized in-home services as a less expensive alternative. Approximately 85% of the individuals we serve live at home with their families. The remaining 15% have needs that cannot be met at home and require services provided in community residential settings or in one of five state-operated regional centers.

Figure 7.2

Section I: Major Achievements and Opportunities & Barriers
Section III: Category 2: Strategic Planning



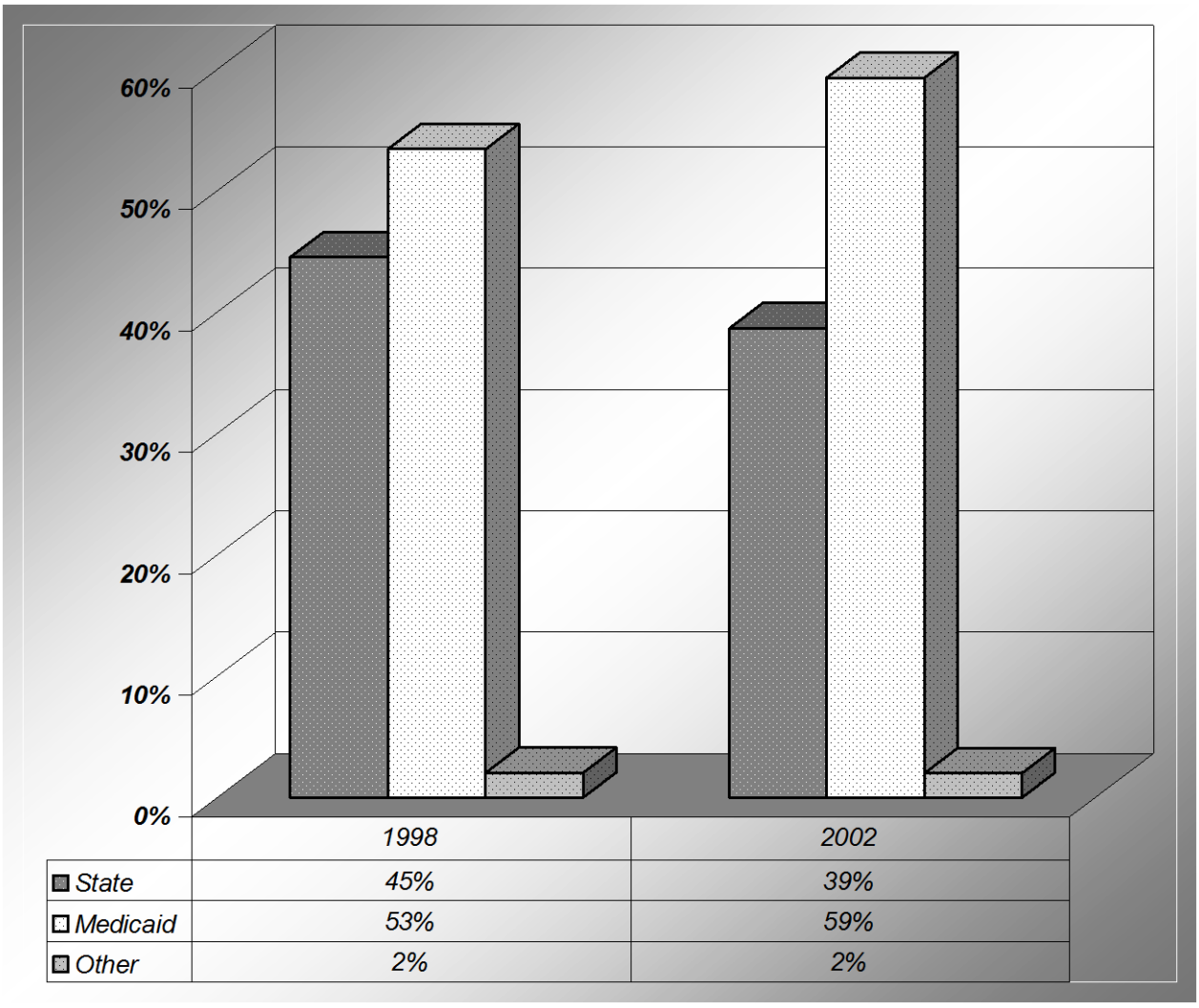
Net Change FY 1998 to 2002:	
State:	+15.44%
Medicaid:	+40.14%
Total:	+32.99%

DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. This has meant a reduced cost to the State to provide services to persons with lifelong disabilities. Medicaid earnings have increased over 40% since 1998. DDSN continues to maximize this revenue source even as state appropriated funds have leveled off due to budget reductions over the past two fiscal years.

Figure 7.3

Section I: Major Achievements and Opportunities & Barriers
Section III: Category 2: Strategic Planning

South Carolina Department of Disabilities & Special Needs
Maximizing the Use of Limited State Dollars

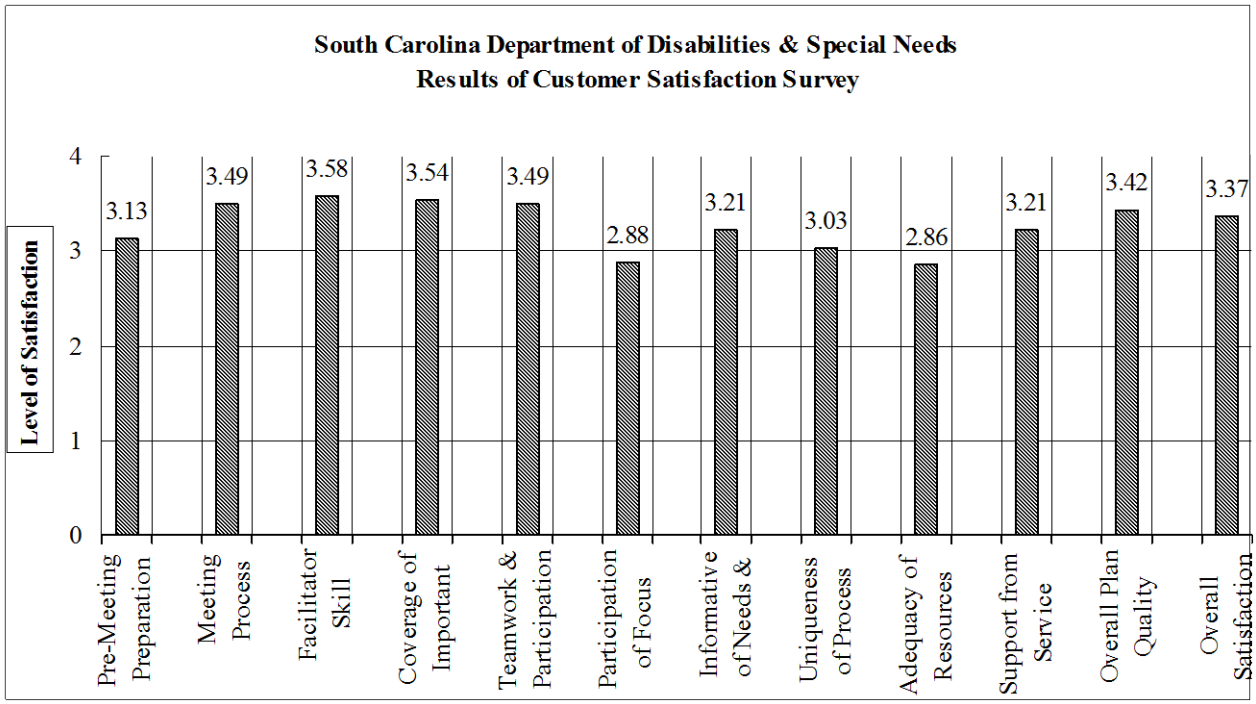


	1998	2002
State	45%	39%
Medicaid	53%	59%
Other	2%	2%

As directed over the years by the Governor and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. Almost every service DDSN provides has some cost expensed to Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. In fiscal year 1998, 45% of the cost of services was funded with state dollars. By fiscal year 2002, that percentage dropped to 39% with Medicaid funding 59% of the cost.

Figure 7.4

Section III:
Category 3 - Customer Focus



Customer Satisfaction Scale

1 = Not Satisfied
2 = Somewhat Satisfied
3 = Mostly Satisfied
4 = Very Satisfied

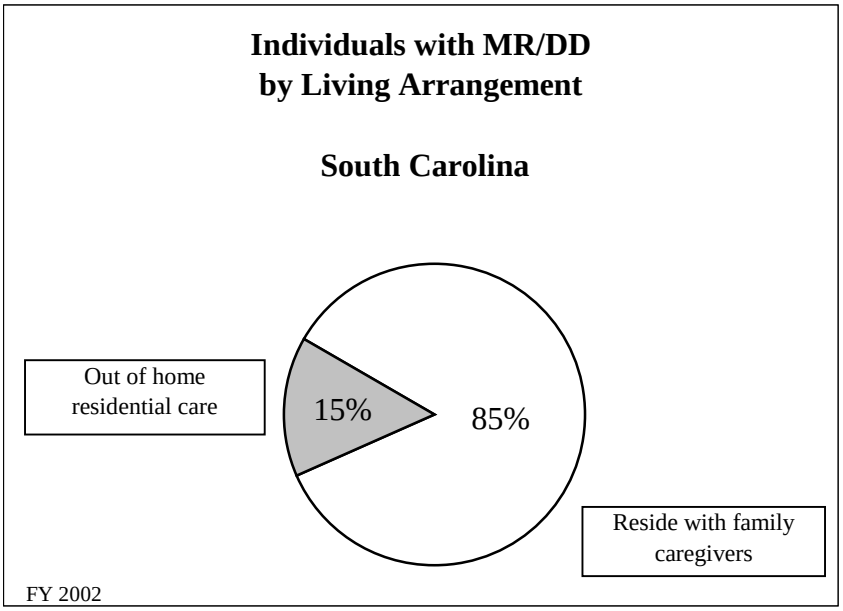
DDSN uses various tools to evaluate the satisfaction levels of its consumers with the services provided to them. In fiscal year 2002, the above chart shows the results of these various customer satisfaction surveys. Overall, DDSN delivery of service is positive among its consumers. There is room for improvement and DDSN is working diligently toward this effort.

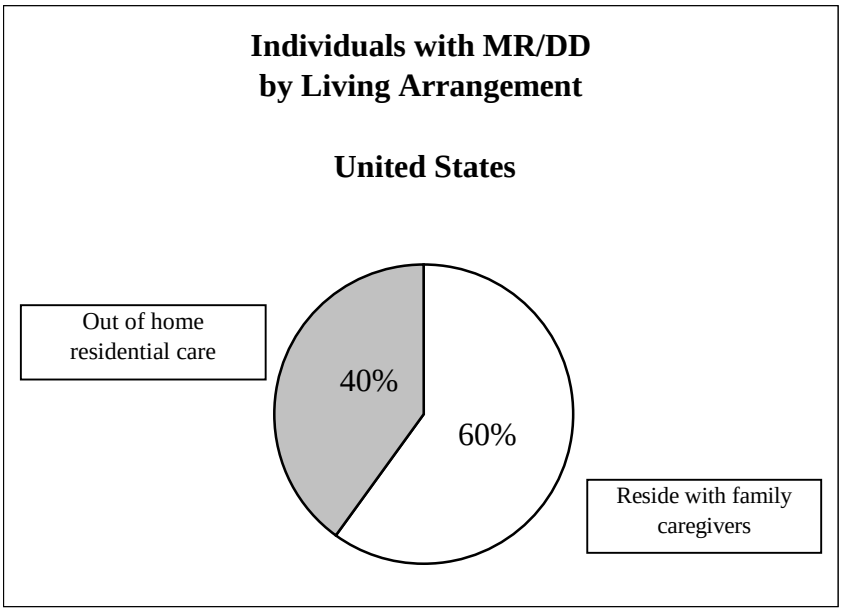
Figure 7.5

Section I:
Major Achievements

Section II:
Key Customers & Key Suppliers

South Carolina Department of Disabilities & Special Needs
Individuals with MR/RD Living Arrangements
Comparing South Carolina with United States

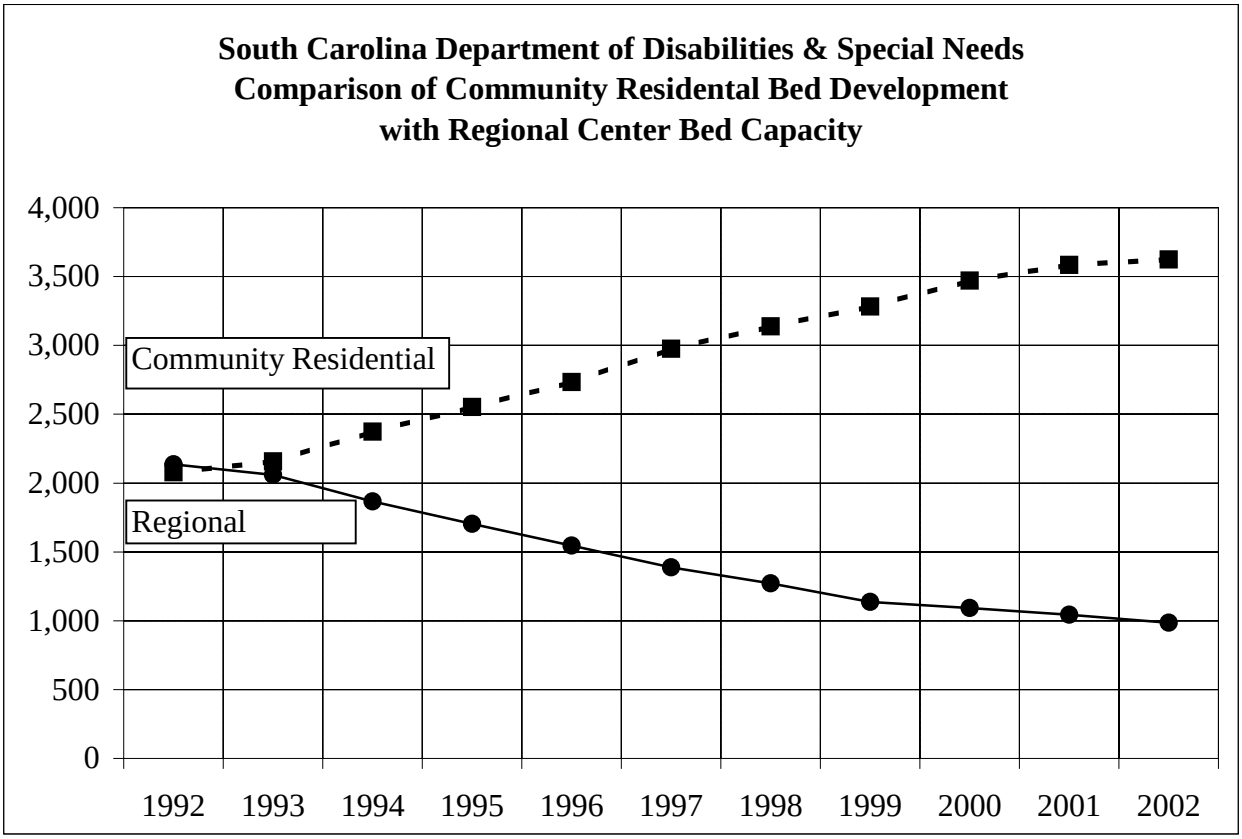




DDSN serves 23,742 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. Approximately, 85% of these individuals served reside with family caregivers. Nationally, 60% of persons with mental retardation and developmental disabilities reside with family caregivers. In comparison, DDSN is doing a better job at keeping individuals in a family setting.

Figure 7.6

Section II:
Employment & Operation Information
Section III:
Category 3 - Customer Focus



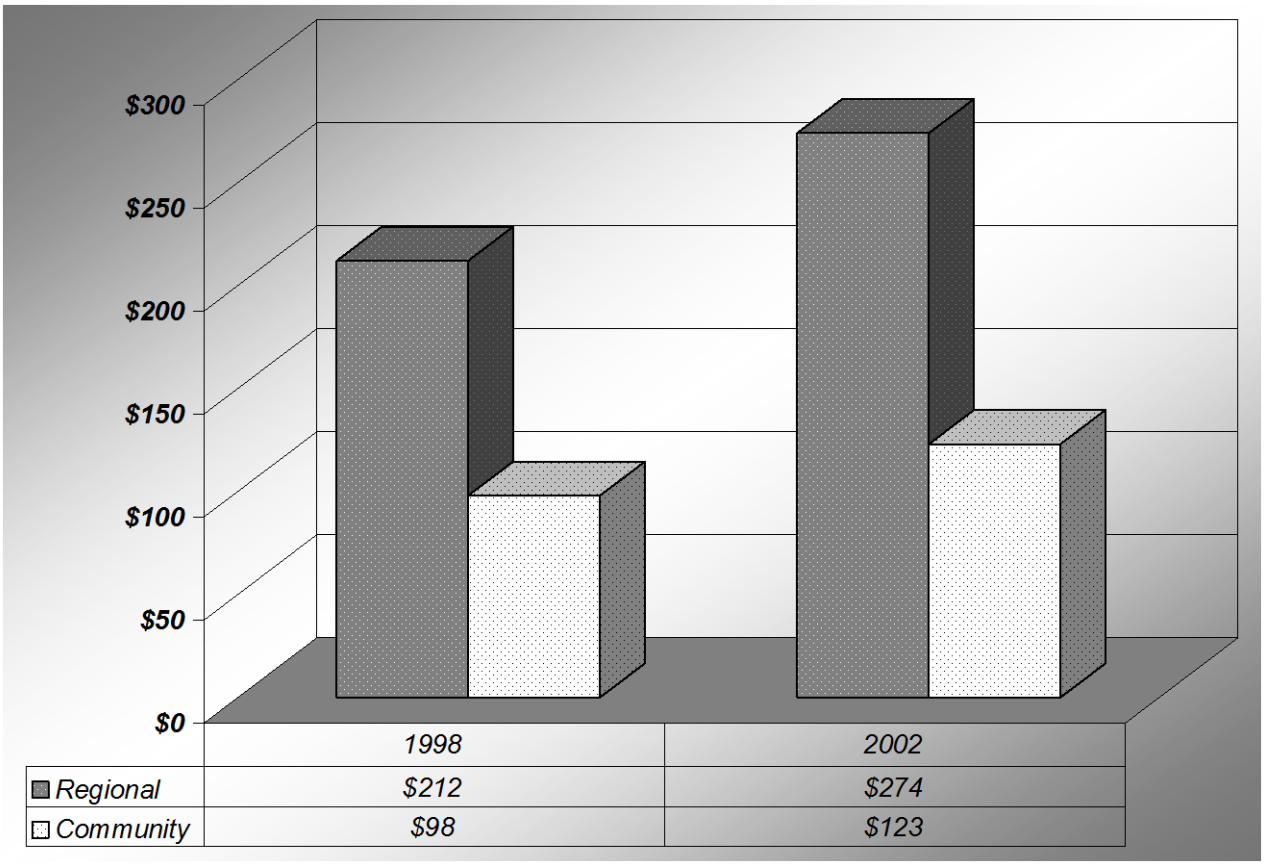
Net Change FY 1992 to 2002:
Community: +74.4%
Regional: -53.9%

Since 1992, DDSN operated regional centers have continued to reduce the number of individuals served. At the same time, local community providers have almost doubled their residential capacity. This has allowed individuals to return to or remain in the local community, closer to the individuals' home community even when residential services are needed. Often this is a less expensive option.

Figure 7.7

Section III:
Category 1 – Leadership
Category 2 - Strategic Planning

South Carolina Department of Disabilities & Special Needs
Average Cost Per Day for Residential Services
Regional Centers versus Community Residences

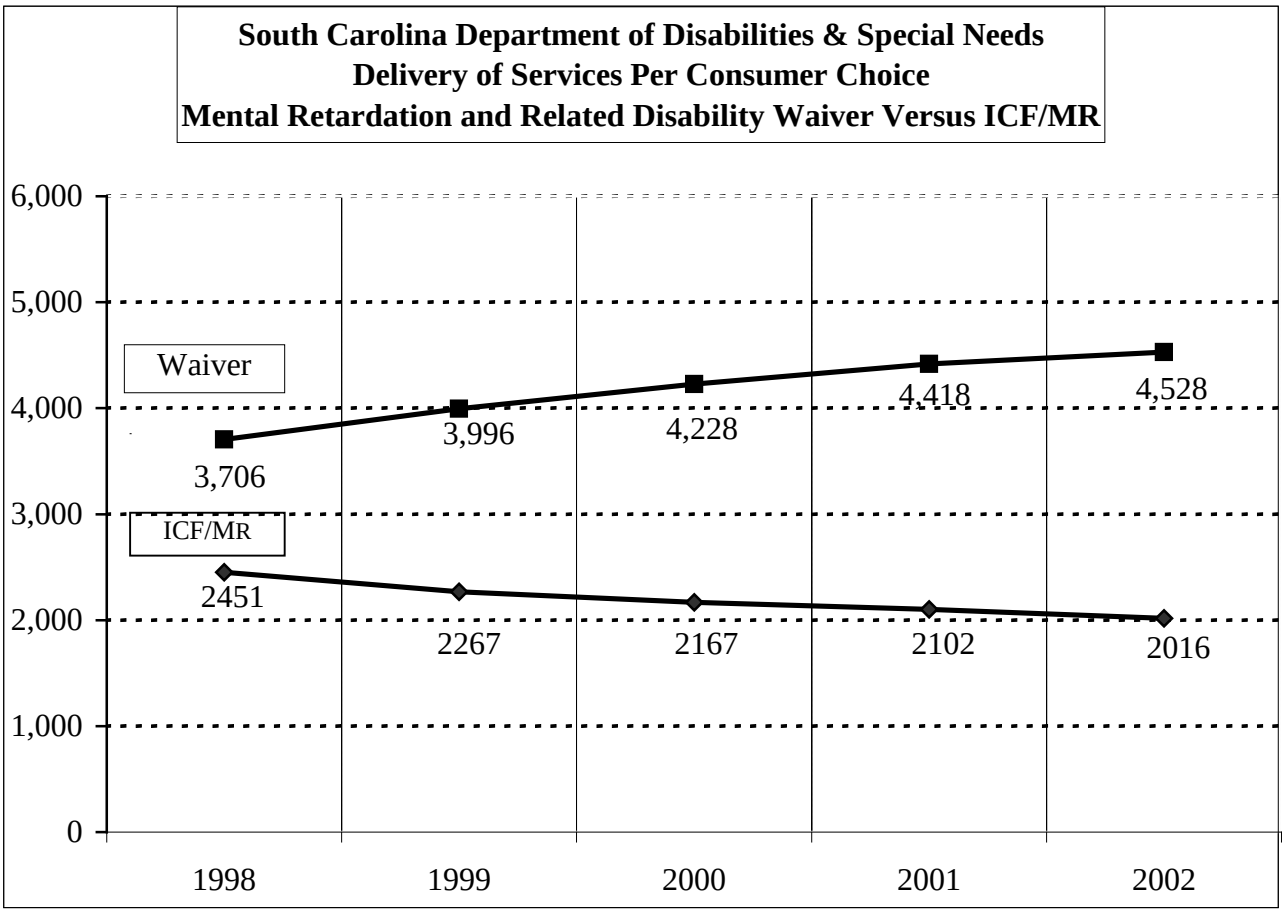


Percentage of Change 1998 to 2002:	
Regional:	+29%
Community:	+26%

DDSN works with consumers and their families to provide residential services in the most appropriate place and in the least restrictive environment. This philosophy of consumer choice also allows DDSN to provide residential services in a very cost efficient manner. Between 1998 and 2002 the more expensive regional centers average daily cost rose by 29%, while community residential cost rose by 26%. The community residential cost continues to be one half of the regional center daily cost. Typically the individuals remaining at the regional centers have the greatest needs, which cost more to serve.

Figure 7.8

Section III:
Category 4 - Information & Analysis



Net change FY 1998 to 2002:	
MR/RD & Autism:	+22.2%
ICF/MR:	-17.7%

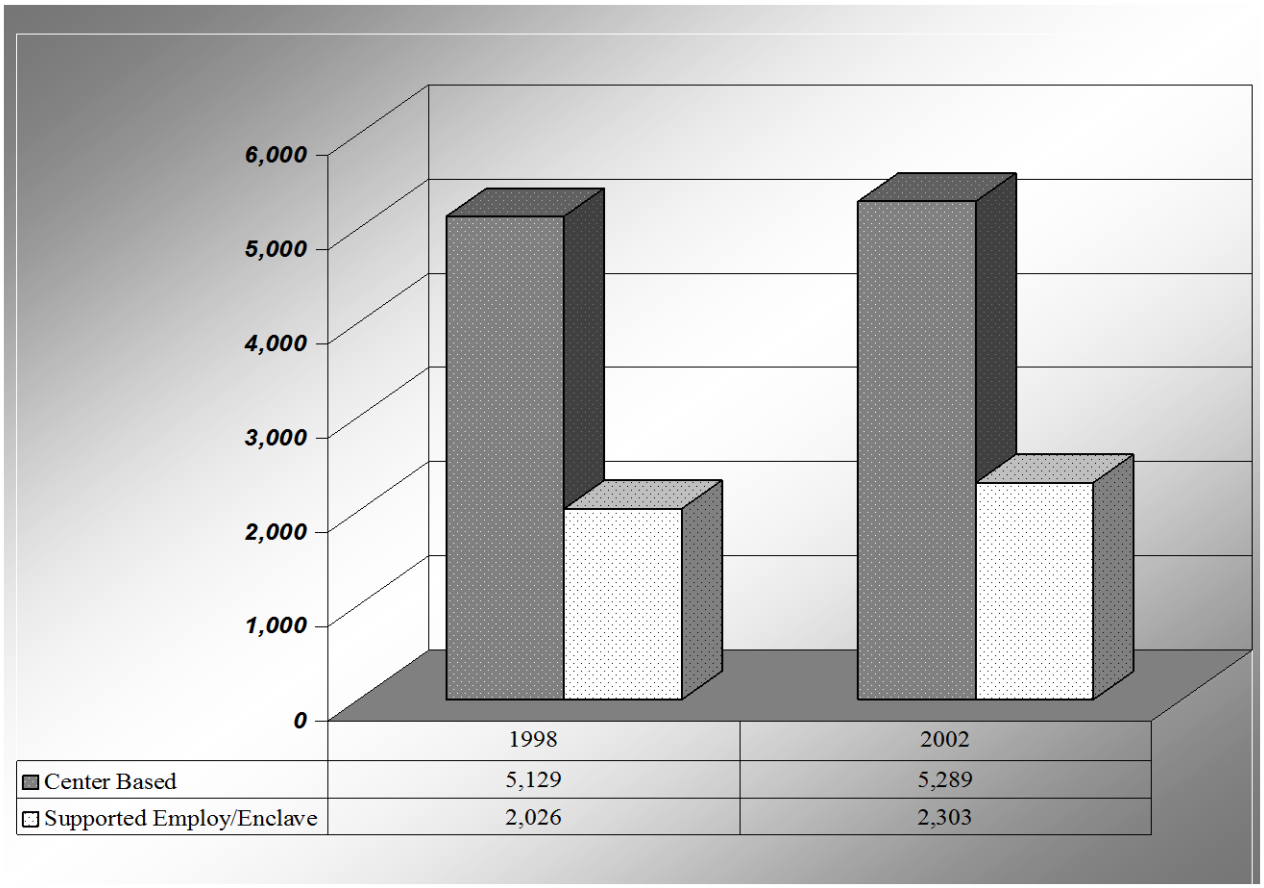
The mental retardation and related disability (MR/RD) Medicaid waiver is a less expensive alternative to intermediate care facilities for mental retardation (ICF/MR). The waiver allows consumers and families to receive Medicaid funded services in the community in the least restrictive environment.

The data above shows the DDSN provides services to consumers based on demand for those services and at the same time providing these services in the most cost efficient manner. The demand for ICF/MR services has decreased by almost 18% over the past five years, while the demand for waiver services has increased by more than 22%.

Figure 7.9

Section II:
Major Products & Services

South Carolina Department of Disabilities & Special Needs
Consumers Receiving Adult Day Services



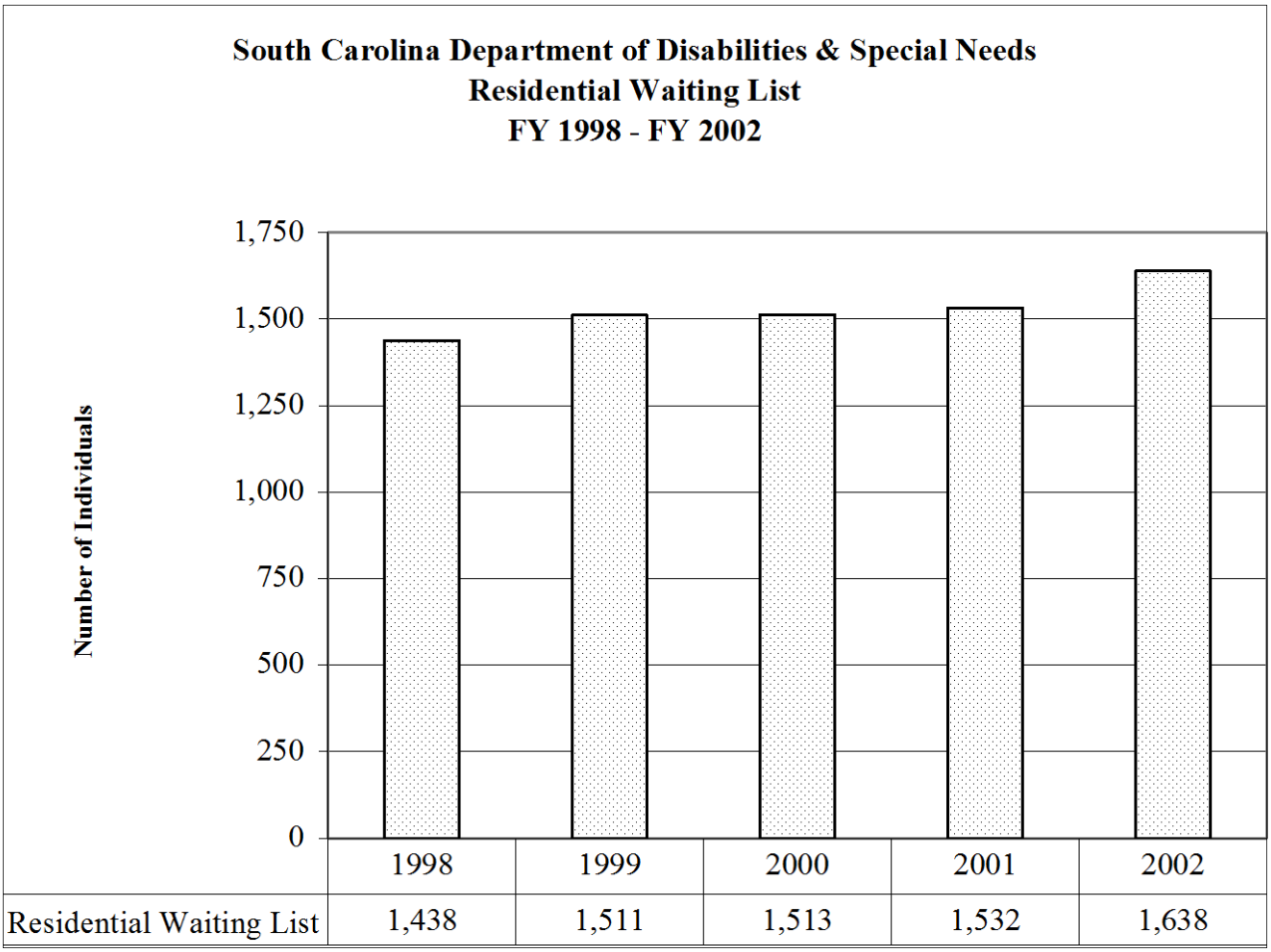
Better ↑

DDSN provides employment services to train and supervise individuals in the skills and knowledge required for different levels of employment. Some individuals receive individualized supportive employment at their own worksite, while others are provided group employment in enclaves at various business and factory work sites.

As the number of individuals who become competitively employed increases, public support through Social Security (SSI) and Medicaid decreases. From fiscal year 1998 to 2002, the number of consumers receiving adult day services, (facility based, supported employment/mobile work crew/enclave) increased 6.1% overall. For supported employment/mobile crew/work enclave between fiscal year 1998 and 2002, the number of consumers receiving these services has increased by over 13%. Often, an employment service for a disabled family member may mean the difference between the state only helping the family versus the state having to provide 24 hour residential care. Efforts that DDSN makes in training and supervising consumers in employment opportunities greatly decrease the funds needed to care for consumers.

Figure 7.10

Section I: Major Achievements
Section II: Key Customers & Key Suppliers
Section III: Category 1 - Leadership



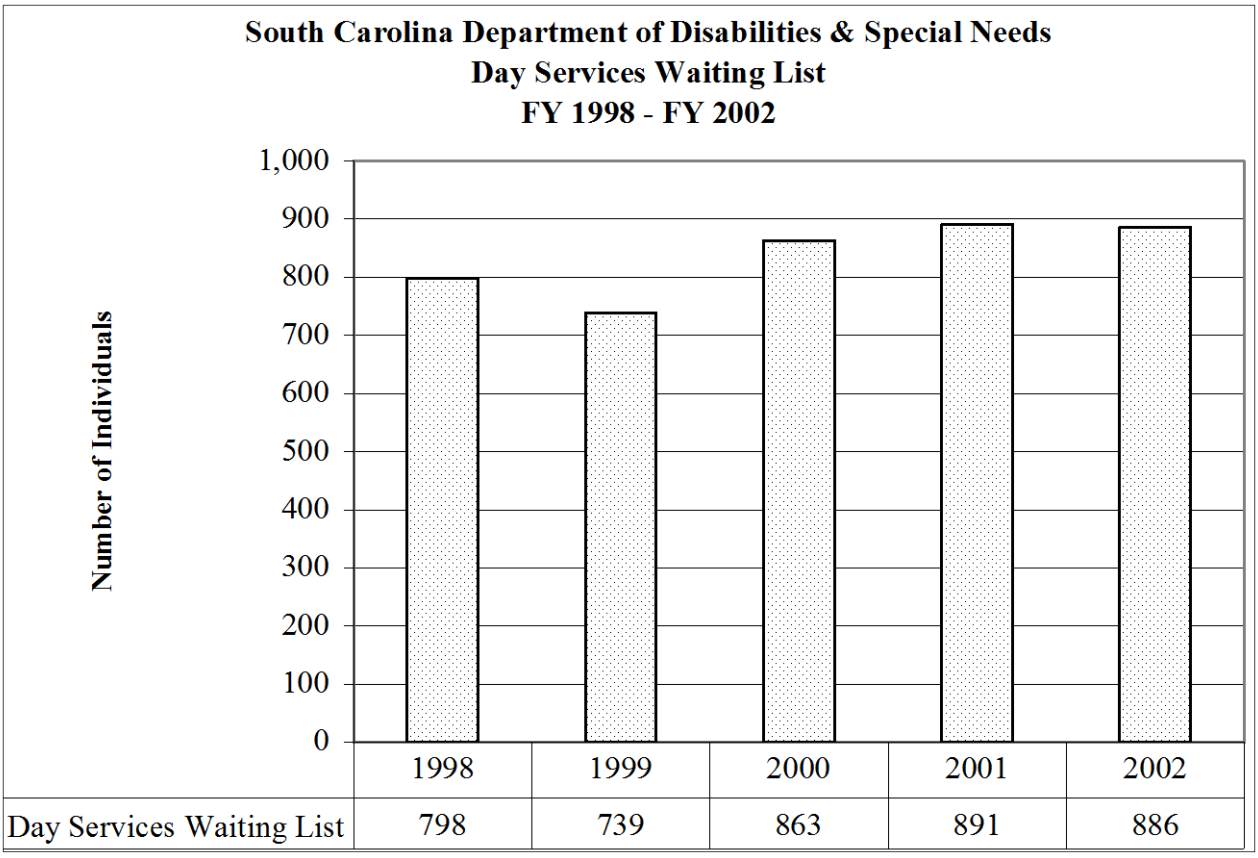
	1998	1999	2000	2001	2002
Residential Waiting List	1,438	1,511	1,513	1,532	1,638

Net Change FY 1998 to 2002:
+13%

DDSN has over 1,600 individuals at home on a residential services waiting list. There are two reasons why the residential services waiting list continues to grow; 1.) limited turnover among existing service recipients with which to accommodate individuals awaiting services, and 2.) limited additional state dollars appropriated from the General Assembly.

Figure 7.11

Section I: Major Achievements
Section II: Key Customers & Key Suppliers
Section III: Category 1 - Leadership



	1998	1999	2000	2001	2002
Day Services Waiting List	798	739	863	891	886

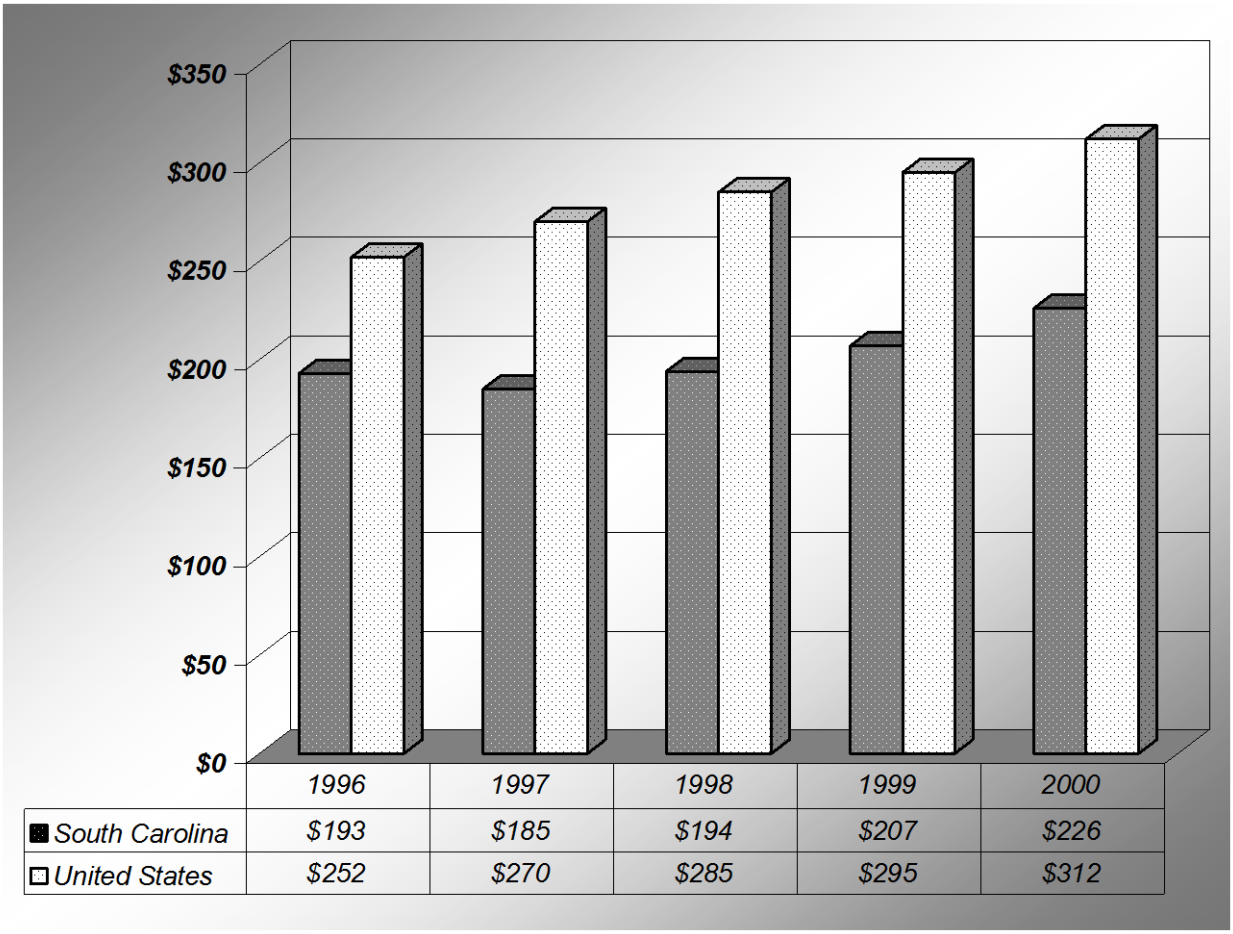
Net Change FY 1998 to 2002:
+11%

There are 880 individuals who live at home and are awaiting day support services. These services help to prepare them for work and to allow family members to remain employed. The waiting list for day services has increased 11% over the past four years. As resources have become scarce these needs are addressed through attrition.

Figure 7.12

Section III:
Category 4 - Information & Analysis

South Carolina Department of Disabilities & Special Needs
Daily Institutional ICF/MR Rates
Comparing South Carolina with United States



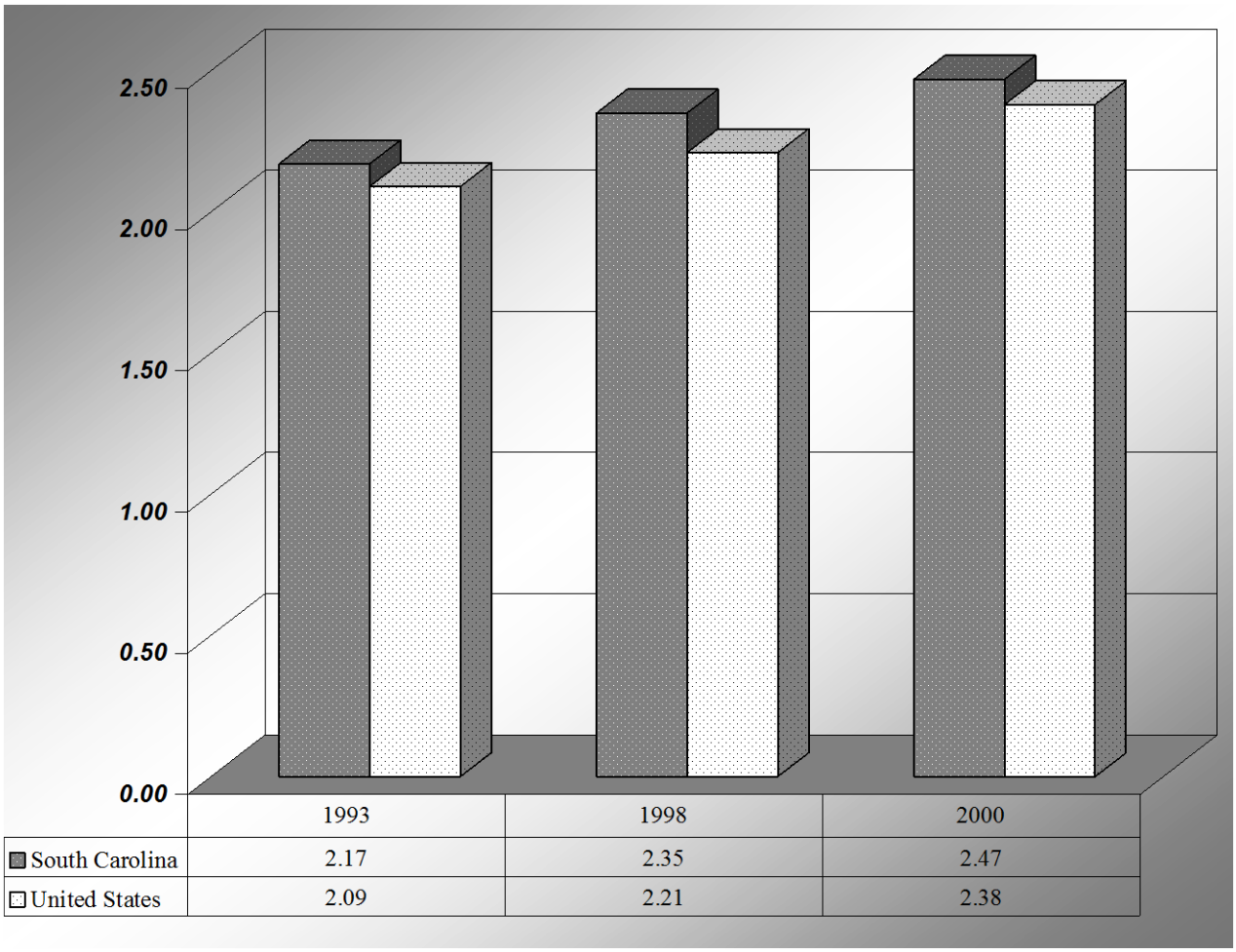
	1996	1997	1998	1999	2000
South Carolina	$193	$185	$194	$207	$226
United States	$252	$270	$285	$295	$312

South Carolina continues to be efficient in providing residential institutional care when compared to national averages. The daily regional center institutional rate for South Carolina for Intermediate Care Facilities for the Mentally Retarded is on average more than 25% less than the National daily average.

Figure 7.13

Section III:
Category 1 - Leadership
Category 4 - Information & Analysis

South Carolina Department of Disabilities & Special Needs
Staff to Resident Ratios for Public ICF/MR Institutions
Comparing South Carolina with United States

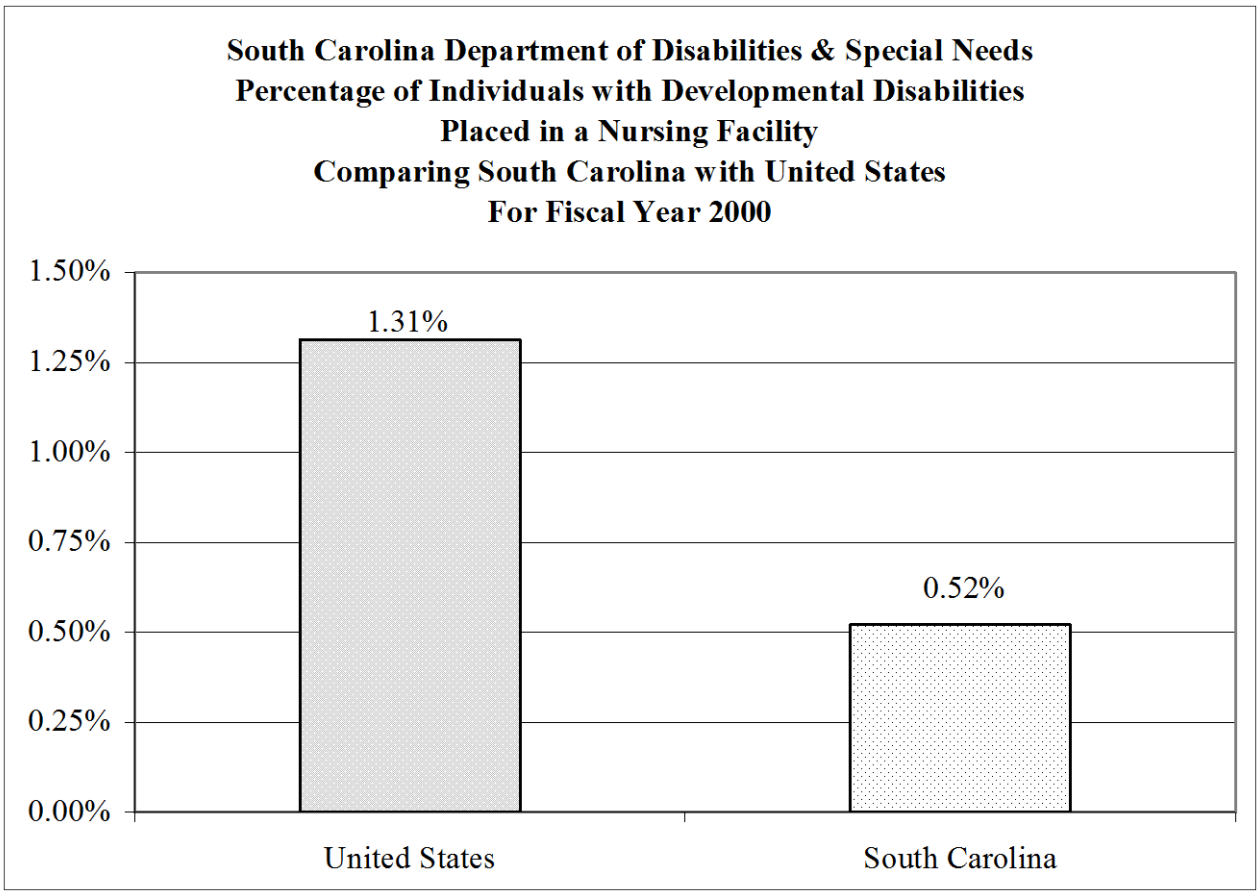


	1993	1998	2000
South Carolina	2.17	2.35	2.47
United States	2.09	2.21	2.38

South Carolina's staff to resident ratio continues to be higher than the national average even though the average daily residential institutional rate in South Carolina is lower.

Figure 7.14

Section III:
Category 3 - Customer Focus

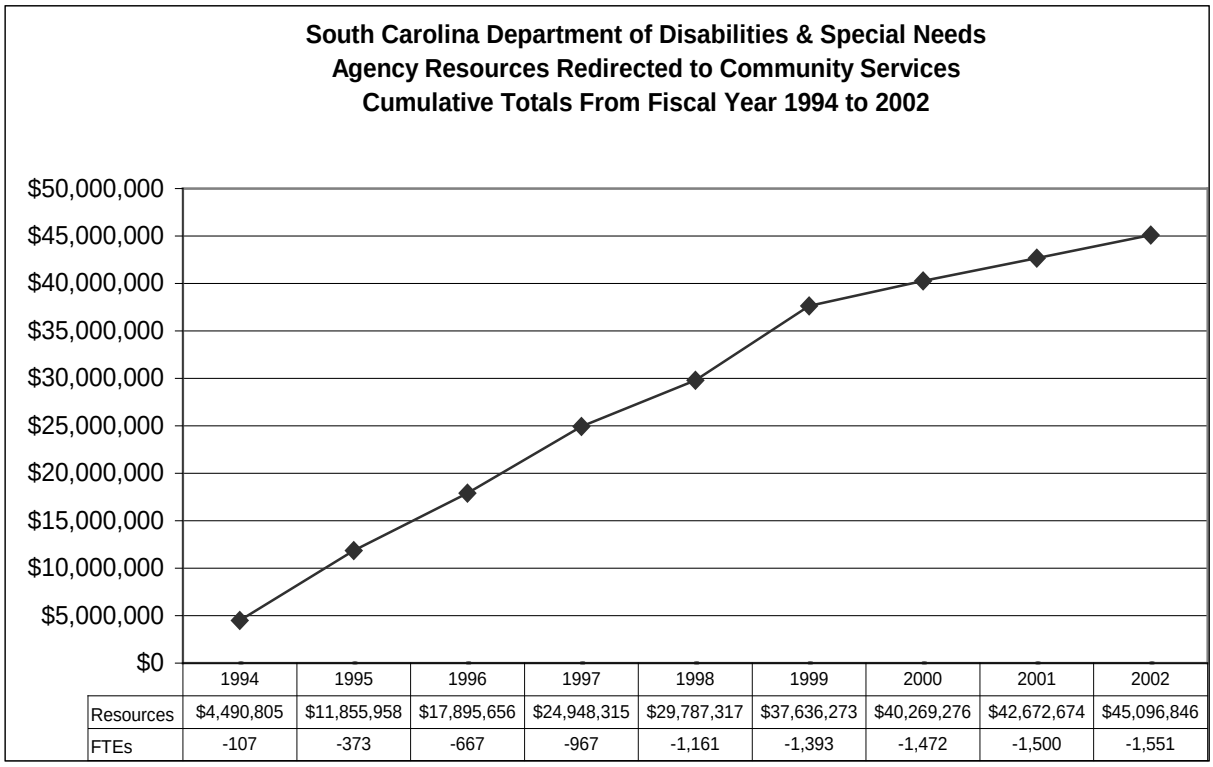


In South Carolina, .52% of the developmental disabilities population is placed in traditional nursing facilities as compared with the National average of 1.31%. This represents DDSN's effort to insure that individuals with developmental disabilities requiring residential services are most appropriately placed.

South Carolina, along with 8 other states, was recognized as having the lowest per capita utilization rates of nursing facilities for individuals with developmental disabilities for fiscal year 2000.

Figure 7.15

Section I:
Key Strategic Goals
Section III:
Category 6 - Process Management



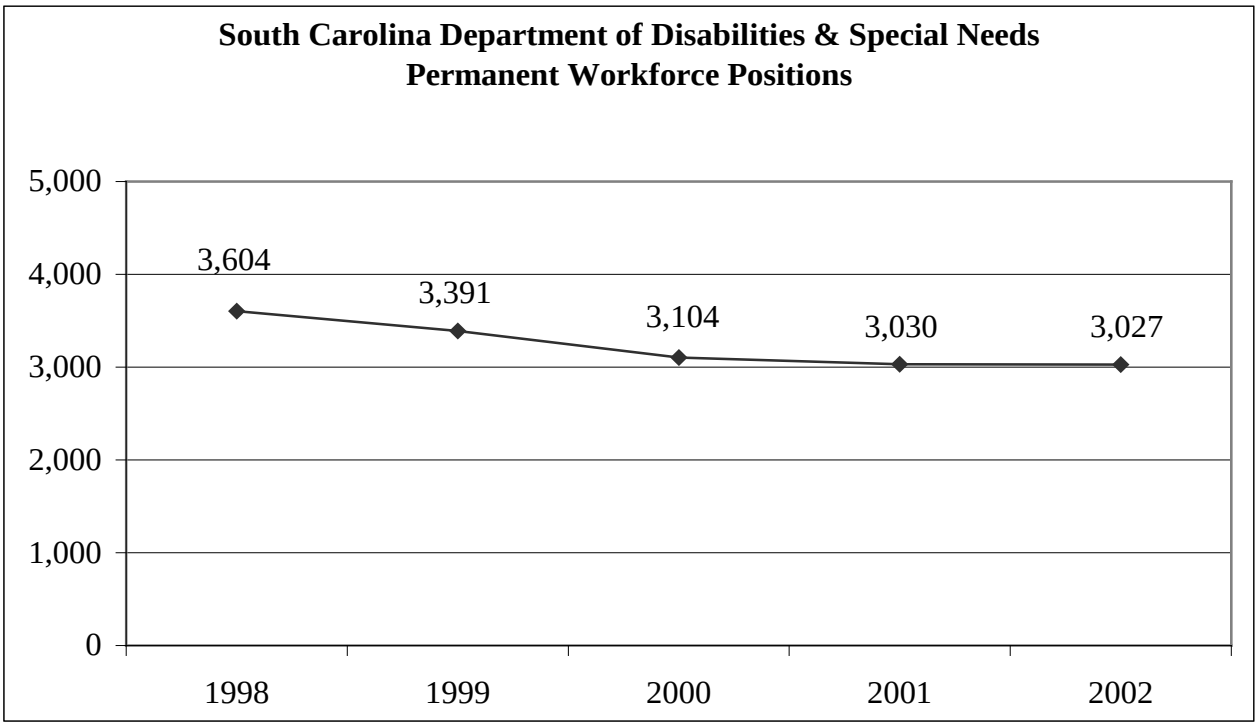
	1994	1995	1996	1997	1998	1999	2000	2001	2002
Resources	$4,490,805	$11,855,958	$17,895,656	$24,948,315	$29,787,317	$37,636,273	$40,269,276	$42,672,674	$45,096,846
FTEs	-107	-373	-667	-967	-1,161	-1,393	-1,472	-1,500	-1,551

Cumulative Effect 1994 to 2002
Resources: $45,096,846
FTEs: -1,551

The number of persons served in state-operated regional centers has continued to decline as the number of community options has increased. While a needed and vital service for some individuals, the centers are also DDSN's most expensive service. Using money follows the individual formula; over $45,000,000 has been shifted to local community programs along with the individuals who left the regional centers. This allowed most of the 700 individuals to move to smaller, group home residential settings, usually located closer to the individuals' home communities. As a result, over 1,500 DDSN permanent workforce positions were reduced. This is another example of DDSN redirecting its resources to cover this expense.

Figure 7.16

Section II
Employment & Operation Information

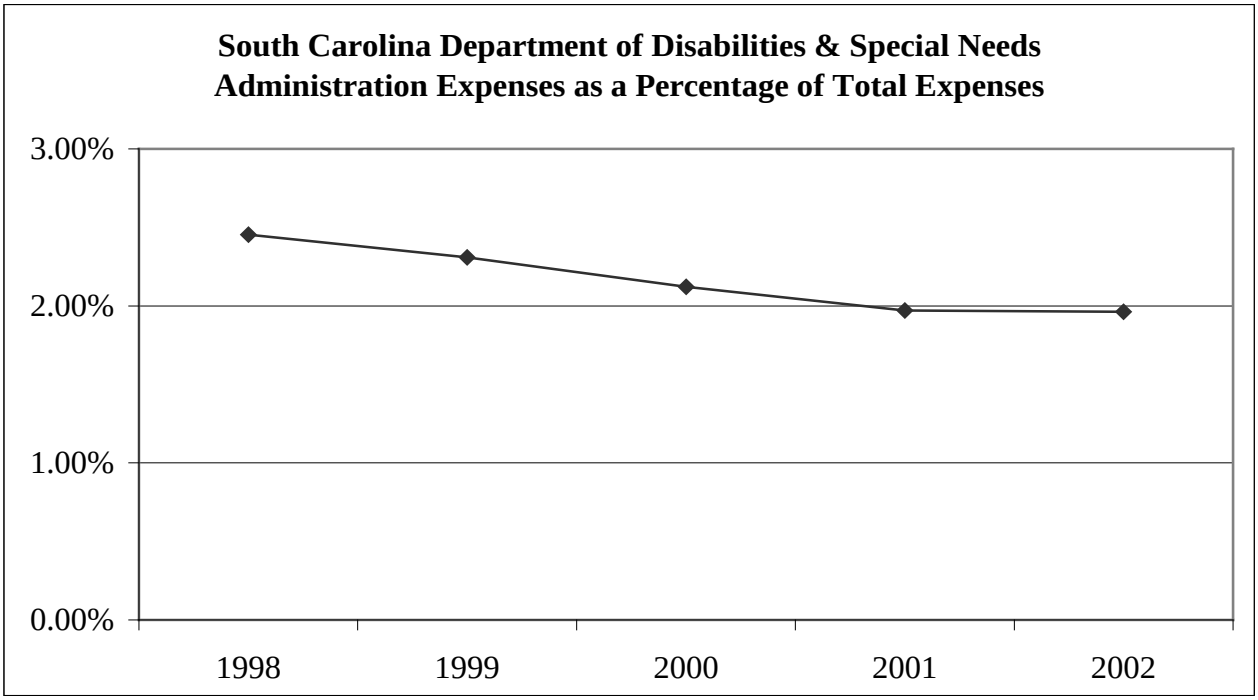


Net Change 1998 to 2002
-16%

The fiscal year 1998 and fiscal year 1999 Appropriations Acts included a DDSN requested proviso for retargeting resources/FTE reduction. These provisos gave DDSN the authority to develop a plan to retarget resources, realign its workforce, and continue to provide services in the most appropriate settings. DDSN was the first agency given the authority to offer employees a voluntary separation program with a special separation benefit package. The purpose was to assist the agency in aligning its human resources needs with the operational needs for now and in the future. From 1998 to 2002, nearly 600 FTEs were deleted. This is the result of money follows the individual formula, the multiple VSP's, and a reduction in force over this time period.

Figure 7.17

Section I: Major Achievement
Section III: Category 1 – Leadership Category 6 – Process Management

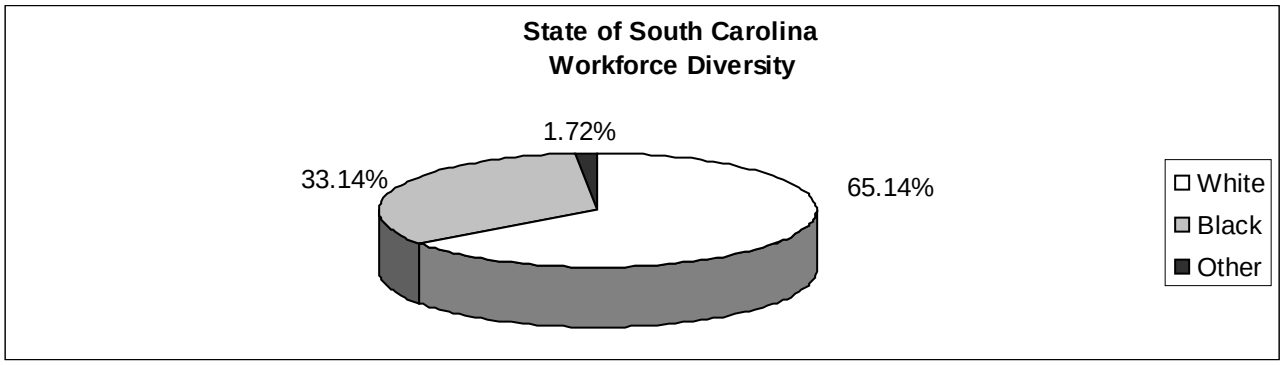


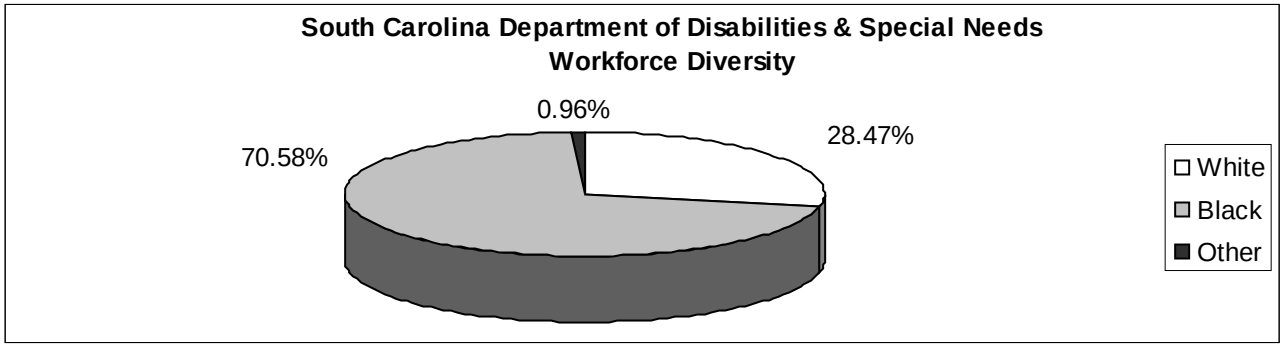
DDSN has shifted resources over the past few years to meet the priorities of the agency. During the last five years, DDSN's Central Office FTE's were reduced by 20% through retargeting resources/FTE reduction provisos, and attrition. Central Office administrative expenses have decreased to less than 2% even though there has been an increase in the need for services, the number of people served, and an increased scope of services. Administrative savings were redirected to in-home family support and residential services thereby reducing the need for additional state dollars and utilized toward state budget reductions.

Figure 7.18

Section III:
Category 5 - Human Resource Focus

South Carolina Department of Disabilities & Special Needs
Work Force Diversity
Comparing the State of South Carolina with DDSN





This chart reflects the results of the Department's efforts to recruit and hire minority and female employees, and how we compare with the total State employee workforce diversity.

Figure 7.19

Section III:
Category 5 - Human Resources Focus

South Carolina Department of Disabilities & Special Needs

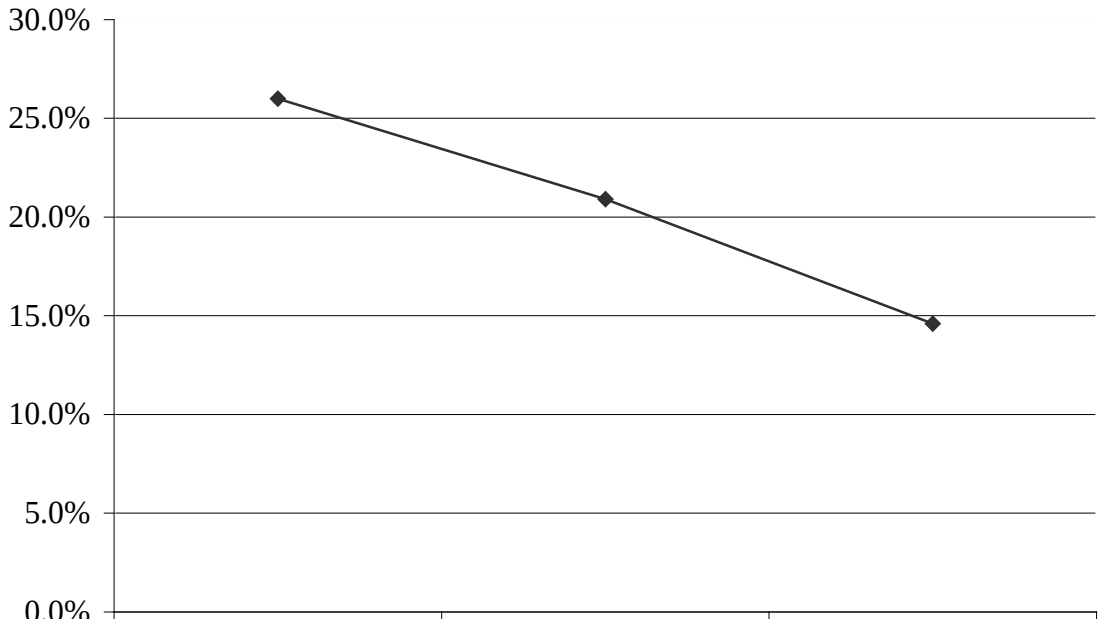
Adopted Workforce Development Committee Measures
• Attendance Incentive • Departmental Employee Recognition Program • Fully funded LPN and Rehabilitative Technician training programs • Expanded Tuition Assistance Program to include Physical Therapists, Occupational Therapist, PT Assistants and OT Assistants • Peer Mediation Program • Benefits Calculator • Enhanced Recruitment Brochure • Self-Scheduling Program

The Department has a permanent Workforce Development Committee to recommend policies and practices to enhance efficiency and employee satisfaction. This table provides an indication of the focus of the committee and the measures that have been adopted.

Figure 7.20

Section III
Category 5 - Human Resources Focus

South Carolina Department of Disabilities & Special Needs
Staff Turnover Rate
FY 2000 - FY 2002



Better ↓

	2000	2001	2002
Staff Turnover Rate	26.0%	20.9%	14.6%

DDSN uses a variety of methods to obtain feedback regarding employee satisfaction. One indicator of employee satisfaction is the Department's turnover rate. DDSN's staff turnover rate for FY 2002 dropped to 14.6%. The lowest it has been in several years.